Lectures
ON
THE DIAGNOSIS AND TREATMENT OF THE PRINCIPAL FORMS OF PARALYSIS OF THE LOWER EXTREMITIES.

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LECTURE I.—(PART III.)

THOSE persons who, perhaps, are not struck by the evidence in the foregoing facts and reasonings may argue against the view that paraplegia is the effect of an outside irritation in the cases we have mentioned: 1st, that there is no need of admitting such a view, as other explanations of the various cases can be given; 2ndly, that it is not possible to explain by a reflex action the production of a paralysis.

The first of these objections may in appearance be well grounded, as it may be said—

1. That, in cases of disease of the uterus, this organ produces paralysis by pressing upon the obturator nerve and the sacral plexus.

2. That, in cases of disease of the prostate, the urethra, or the bladder, the urine, not being freely expelled, becomes altered, and some of the altered principles are absorbed and act as poisons, producing paralysis.

3. That, in cases of disease of the kidney, paraplegia is due to uræmic poisoning.

4. That, in cases of teething, of diphtheria, and of disease of the bowels, the lungs, or the pleuræ, paraplegia is due to an alteration in the blood, caused by the disturbance of digestion or respiration.

5. That, in cases of paraplegia due to the action of cold and wet, we ought to place this affection in the category of rheumatismal paralyses.

6. That, in cases of pain in the skin, in joints, or in trunks of nerves, paraplegia has no other relation to this pain than that of being produced together with it by some affection of the spinal cord.

I am ready to admit that in some cases paraplegia is produced in the various ways just related; but in most of the cases in which a paralysis of the lower limbs follows an outside irritation from the womb, the bladder, or most of the other organs, when there is no evidence of an organic affection of the spinal cord or of the surrounding parts, it is not possible to explain the production of the paralysis by a pressure on nerves, an alteration of blood, &c. This I must show, as, lately, Romberg,* one of the promoters of the view that paraplegia may be caused by a reflex action, has acknowledged that he was ready to abandon it on account of objections advanced by Hasse and Valentiner.

1. As regards paraplegia depending upon disease of the womb, we will remark that, except in cases of very great enlargement, as sometimes in pregnancy, pressure upon the nerves of the lower limbs cannot be the cause of the paralysis. In the case I have mentioned, of a young lady who was cured by using a bandage, the uterus was certainly not larger than in a woman at the end of the second month of pregnancy.

2. It is possible that in cases where urine accumulates in the bladder, and remains there a long while in an altered condition, some of its principles may be absorbed and act as a poison; but, on the one hand, however possible this is, there is no proof that a paralysis has ever been produced in that way; and, on the other hand, we find that it is with the degree of pain that paraplegia has relations in cases of paralysis of the lower limbs following an affection of the prostate, the urethra, or the bladder, and not with the retention of urine, as there is no change in this kind of paraplegia, whether the bladder is carefully voided or not, at every time there is a certain amount of urine in it, unless the irritation starting from either the bladder itself, or the prostate, or the urethra, be diminished.

3. Certainly, in cases of nephritis, there may be paralysis due to uræmic poisoning; but this kind of poisoning does not manifest itself only by a paralysis. On the contrary, it causes other and most striking symptoms, none of which has existed in the case I have cited, and in other more or less similar cases.

4. I am willing to admit that there is some alteration in the blood in diphtheria, or even in dysentery, in enteritis, &c. I am also willing to admit that this alteration may cause a degree of paralysis; but that a complete paraplegia, without any diminution of voluntary movement elsewhere, may be due to a cause which, as it is supposed to be in the blood, is *circulating everywhere in the body*, I think no one can admit.

5. It is true that cold and wet often cause rheumatism; but when, after an exposure to cold and wet, a man is suddenly seized with paralysis, without having the least symptom of rheumatism, we certainly have no right to place his affection in the vague group of rheumatismal paralyses.

6. No doubt that diseases of the spinal cord and its membranes very often manifest themselves by pains resembling neuralgic pains, and located either in a joint or along the course of a nerve; but, besides the fact that, in such cases, paraplegia, when it appears, is accompanied by symptoms indicating a disease in the spinal cord or its membranes, which was not what occurred in the cases I have mentioned, there were real inflammations (of a joint, or of the skin) in two of those cases, instead of the *referred* pain due to a centric cause.

We think we may safely conclude, from this examination of the above explanations, that they can be considered as valuable only for a small number of those cases in which paraplegia has appeared after an irritation in some sensitive nerve of the skin, the mucous membranes, and various organs. On the one hand, therefore, most of these cases cannot receive these explanations; and, on the other hand, I have already shown that the period of apparition, the variations of intensity, the progress, and the cure of paraplegia, in the cases I have mentioned, are in perfect correspondence with the view that paralysis depended upon an irritation from a sensitive nerve.

I have now to examine the objection that it is impossible to understand how a paraplegia can be caused by a reflex action. It is, indeed, very easy to show how a paralysis can take place by a reflex influence through an irritation starting from a sensitive nerve. There are two modes of reflex action by which such an irritation can produce paraplegia:—

1st. *Reflex Contraction of Bloodvessels.*—As it is now well established that bloodvessels contract with energy, and sometimes even are seized with a real and prolonged spasm, whether by a direct influence of their motor nerves, or through an excitation, which, from some centripetal or excito-motor nerve, has been reflected upon them by the cerebro-spinal axis,* there is no need of showing here that bloodvessels are just like muscles of animal life as regards their relations with the nervous system. This being the case, it is extremely easy to understand how a paralysis of the lower extremities, as well as that of any other part of the body, may be paralysed by a reflex action. In three different places a contraction of bloodvessels may cause paraplegia—1, in the spinal cord; 2, in the motor nerves; 3, in muscles. A contraction of bloodvessels in the spinal cord *I have seen* (in the vessels of the pia mater) taking place under my eyes, when a tightened ligature was applied on the hilus of the kidney, irritating the renal nerves, or when a similar operation was performed on the bloodvessels and nerves of the supra-renal capsules. Generally in those cases the contraction is much more evident on the side of the cord corresponding with the side of the irritated nerves, which fact is in harmony with another and not rare one, observed first by Combaire (as regards the kidney), and often seen by me after the extirpation of one kidney or one supra-renal capsule—i. e., a paralysis of the corresponding lower limb. It is probable that irritations starting from the urinary and other organs produce a paraplegia by a contraction rather of the bloodvessels of

* Lehrbuch der Nervenkrankheiten des Menschen. Dritte Abth. 3rd ed., 1857, p. 913.

* See for the proofs on these points, my "Lectures on the Physiology and Pathology of the Central Nervous System," in THE LANCET of November and December, 1858, and a new and enlarged edition of these "Lectures," 1 vol. 8vo. Philadelphia, 1860. Lect. IX., X., and XI., pp. 139—180.

the spinal cord than of those of the motor nerves and muscles. However, in this form of paraplegia, it is not rare that a notable diminution of temperature of the paralysed limbs shows that the bloodvessels of these parts are also contracted.

2nd. *Morbid Reflex Influence on Nutrition.*—This influence, proved by many experiments on animals and by pathological facts of daily occurrence,* seems usually not to exist in reflex paraplegia, except in that form in which muscles become progressively and rapidly atrophied and altered (*wasting palsy*). But this morbid influence may take place at any moment in the course of a reflex paraplegia, so long as the irritating cause has not ceased to act, and a myelitis or some other affection may be generated by it.

We think that it will now be considered possible, if not probable, that the production of reflex paraplegia is due to a contraction of bloodvessels and to the insufficiency of nutrition that follows this condition of the vessels. In addition to the reasons we have given to show that the paraplegia caused by an outside irritation is due to a reflex action and probably to a reflex contraction of bloodvessels, we will say that very often in this peculiar kind of paralysis there are reflex convulsions in muscles of the trunk, the head, and the limbs, before the paraplegia appears (as in cases of teething, of worms, &c.), or when it has already existed some time (as on the passage of a catheter, in urinary paraplegia). We might also have pointed out the influence of the urethra on the spinal cord, by mentioning the well-known and very frequent fact of the production of chills and tremor on or after the introduction of a catheter in persons who are or who are not paraplegic.

There is another series of facts of which we have now to speak, that show that reflex paraplegia is not due to an evident organic affection, which may be found in a post-mortem examination. We will very briefly mention some cases of autopsy made on persons who have died after having presented the symptoms of a reflex paraplegia.

We are indebted to Mr. E. Stanley† for the first paper of importance on urinary paraplegia. In this classical paper the following cases are recorded:—1. Paraplegia combined with retention of urine. *Autopsy:* No visible alteration of the cerebro-spinal axis; one of the kidneys and the bladder inflamed.—2. Partial loss of power in the upper and lower limbs. *Autopsy:* No morbid appearance in the cerebro-spinal axis.—3. Severe gonorrhœa, complete paraplegia. *Autopsy:* No morbid appearance in the spinal cord; inflammation of both kidneys and bladder.—4. Nearly similar case with the preceding.—5 and 6. Mr. Hunt (in Mr. Stanley's paper) mentions two cases in which a blow on the back was followed by nephritis and paraplegia. No alteration of the nervous centres, except, in one of the cases, a congestion of the spinal sheath.

In his excellent collection of cases, Leroy d'Etiolles, jun., (*loc. cit.*, pp. 23-35,) gives the following:—7. Woman, under the care of M. Rayer; nephritis and paraplegia. *Autopsy:* The cerebro-spinal axis and its membranes perfectly healthy; bladder and kidneys inflamed.—8. The celebrated surgeon, Sanson, was attacked with an enlargement of the prostate, stones in the bladder, and retention of urine, followed by paraplegia. *Autopsy*, made by Rayer, Cruveilhier, and Chomel: No alteration of the spinal cord.—9. Cystitis, nephritis, and paraplegia. *Autopsy*, made by Dr. Leudet, of Rouen, an excellent observer, and Leroy d'Etiolles, jun.: No softening; no change of colour of the spinal cord.—10. Retention of urine; cystitis; nephritis. *Autopsy:* Thorough examination of the spinal cord, which was found healthy.

It would be easy to enlarge this list of cases. I will only mention a few more:—11. Dr. Waddel (*American Journal of Medical Science*, Feb., 1835, p. 299) relates a case of paraplegia connected with a disease of the bowels. *Autopsy:* No alteration of the spinal cord; pus in the bowels; ulceration of the duodenum.—12. A man, observed by that eminent physician, Dr. Stokes, of Dublin, was often exposed to wet and cold; he became paraplegic. *Autopsy:* The cauda equina appeared to be slightly softened; but, from the appearance, Dr. Stokes could not state that it was actually diseased; the rest of the spinal cord appeared healthy and normal. (Graves, "Clinical Lectures," vol. i., p. 563.)—13. Difficulty of micturition, preceding a paraplegia. *Autopsy:* Membranes of the cord healthy; no traces of inflammatory granules anywhere, either in the spinal cord or its membranes; hours were vainly spent in search of some alteration; cystitis. (Dr. W. W. Gull, "Guy's Hospital Reports," vol. iv., 3rd Series, Case xvii., p. 174.)

I know full well that, as no microscopical examination was made in any of the above cases, except the last, I am not entitled to assert that it is really established by those cases that reflex paraplegia may exist without an evident alteration of the spinal cord. But, when we think of the number of cases in which that affection has been rapidly cured; when we remark that in most of the above cases the autopsy was conducted by men of great and much-deserved reputation as careful observers, and that in all those cases it was expected that some alteration would be found; when we remember that a myelitis very rarely indeed can exist without evident changes in the colour, in the vascularity, and especially in the consistence of the spinal cord; and when we find also that the symptoms in most of those cases were not those of an organic affection of the spinal cord, we are almost necessarily led to conclude that those cases show that reflex paraplegia is not accompanied by an evident alteration of the spinal cord. This view will be strengthened in the next lecture, in which we will discuss the opinions of Dr. W. W. Gull on the urinary paraplegia.

Before concluding this lecture, I wish to say a few words on a most important point, to which we will again turn our attention in the succeeding lectures: I mean, the treatment of reflex paraplegia. I have already said that the various kinds of paraplegia may be classed into two general groups: one in which the amount of blood circulating in the spinal cord is too considerable; the other, in which the opposite condition exists. Of the various remedies, which, as I may perhaps be allowed to say, are too often blindly employed, there are some that diminish the quantity of blood in the spinal cord, such as mercury, ergot of rye, and belladonna; while others, on the contrary, such as strychnine and brucine, increase that quantity. If these last assertions be correct—and I will, by-and-bye, try to prove that they are,—it is quite evident that to employ a remedy of either of these two kinds in both of the two groups of paraplegic cases is a most dangerous thing. Reflex paraplegia, as pointed out by its whole history given in this lecture, is accompanied and most likely produced by an insufficiency of the amount of blood in the spinal cord; it ought not, therefore, to be treated by those remedies which diminish the quantity of this fluid in the spinal nervous centre. How often, however, is not mercury employed in that affection! On the other hand, myelitis, which is accompanied by an increase in the quantity of blood in the spinal cord, is often treated by the very remedy (strychnine) which has the most powerful influence in increasing the amount of blood in the spinal cord! How important, therefore, is it to know exactly to what group of affections (as to the quantity of blood in the spinal cord) belongs a paraplegia, before we give a remedy included in either of the two categories above-mentioned!

In the next lecture we will examine more at length the important questions connected with these observations.

* See my "Lectures on the Central Nervous System," Philad. 1860, pp. 148-50.
† Medico-Chirurgical Transactions, vol. xviii., 1833, p. 260.

ON

THE IMPORTANCE

OF THE

STUDY OF MIDWIFERY.

BEING AN

Introductory Lecture

Delivered at St. Mary's Hospital Medical School, May 1st, 1860,

BY GRAILY HEWITT, M.D., M.R.C.P.,

LECTURER ON MIDWIFERY AND DISEASES OF WOMEN AND CHILDREN AT ST. MARY'S HOSPITAL, AND PHYSICIAN TO THE BRITISH LYING-IN HOSPITAL.

GENTLEMEN,—It is the object and intention of the course of study about to be commenced by these Lectures to prepare and fit you for undertaking the responsibilities of obstetric practice.

Before beginning the study of any subject, it is always well for us to possess correct ideas both as to its nature and importance, and as to the practical usefulness of a knowledge of that subject; there is otherwise a danger of our falling into one of two extremes, and of devoting to its acquirement either an

inadequate or an unnecessary share of the time or powers at our disposal.

At the outset, then, it is necessary that I should say a few words in reference to the degree of importance which you, as students endeavouring to qualify yourselves for the duties of medical practitioners, ought to attach to the study of the particular subjects to be considered in this course of lectures—namely, Midwifery and the Diseases of Women and Children; and the more so, as it is not at all improbable that many of you may entertain notions on this point very much at variance with the real facts of the case. It is not my purpose to underrate the importance to you, as future practitioners, of a knowledge of subjects taught in other courses of lectures, and I should be very sorry to be the means of inducing you to neglect any one of them. But it is undeniably the fact, that, as a rule, medical students pay far too little attention to the study of midwifery and the allied subjects, the diseases of women and children; and for this reason it is right that you should, before it is too late, be made aware of the necessities of the case, and of the actual state of matters in reference to this question.

Now, important as it is that you should be acquainted with medicine proper, and important as it is that you should be acquainted with surgery, the two other great departments of medical practice, you may depend upon it that, in order to become a successful practitioner, your knowledge of medicine or surgery, however perfect, must be supplemented with a thorough and practical acquaintance with the subjects to be taught in this course of lectures. And why is this? You will find in entering on practice, that your time will be chiefly occupied in duties which will require for their proper fulfilment a thorough knowledge of midwifery and the allied subjects. The diseases, or morbid conditions, to which your attention has been, perhaps, most directed as students, and concerning which the extent of your information may be the greatest possible, will, comparatively speaking, rarely come under your notice. Cases of pneumonia, calling for an elaborate diagnosis; cases in which the operation of lithotomy is required to be performed, do not every day present themselves to a beginner in practice; but the first thing you are called upon to do on leaving the scene of your studies may be to attend a woman in labour; the second, perhaps, to inform the mother how to feed or manage the rearing of her infant. In dealing with these every-day matters your conduct will be open to much criticism on the part of non-professional observers, and the reasoning adopted by such critics, often, it must be remarked, very discerning in reference to the ability of a practitioner in this department of medicine, will naturally be that ignorance of one thing implies ignorance of another. You will be judged, not by that which you do, but by that which you do *not*, know. On the other hand, aptitude and dexterity shown by you, under such circumstances, are as readily appreciated, and will go a long way towards obtaining for you that without which you cannot practise with any degree of success—viz., the confidence of your patients.

The duties involved in attendance in the lying-in room are not, as is too commonly supposed, to be got through without much previous study. Nor must it be supposed, because parturition is, in a degree, a natural process, that little assistance or interference can be required. It is undoubtedly true that in the large majority of cases of labour the result is favourable—Nature accomplishes her work easily and well; but it is also true that there are exceptions to this general rule, and I need hardly add that these exceptional cases occur when they are least expected. Now and then the obstetric practitioner is placed under circumstances which try his resources, judgment, and skill to the utmost; which are alarming even to one well acquainted with his duties, but which unnerve and render powerless a more ignorant individual. The reflections of a man who has found himself wanting under such circumstances, and through whose lack of knowledge and skill the valued life of the mother of a family, it may be that of his own wife or sister, has been lost, are not to be envied. The practice of midwifery is peculiar in this respect, that its emergencies often come suddenly upon us, and at a moment's notice. Our decision must be frequently made at once, and action must follow the decision without delay, or it will be of no avail to the patient. In many cases, as in the country, where distances are great and the population scattered, the friendly aid of a brother practitioner cannot be obtained. In other cases of danger or difficulty the delay of an hour or two, involved in obtaining such assistance, may be of no material consequence as regards the issue of the case; but in midwifery practice a very trifling delay in the application of the necessary succour may be fatal to the patient. Need I say, that to be prepared for such emergencies is a matter of bounden duty with everyone who proposes to himself to undertake the practice of this department of the profession?

Your chief and paramount duty as medical practitioners is to save life; by every means in your power to advance this the grand aim of our noble profession. As obstetric practitioners, the exercise of this duty will every day come before you in some shape or other; for parturition is a process dangerous not only to the mother, but in a still greater degree dangerous to the child. We find, on referring to the past history of obstetric practice for information on this point, that formerly the mortality amongst lying-in women was very large. Women in the hands of ignorant midwives were often suffered to remain in labour for days, and to perish for want of assistance; or if the mother was saved, it was at the expense of the child. The first great improvement in obstetric practice was due to Ambrose Paré, who in the sixteenth century introduced, or rather re-introduced, the operation of turning in certain difficult cases of labour, for we find mention of this expedient in the works of Hippocrates. The next great step was the invention by our countryman, Chamberlen, of the forceps; and the next, also a very important one, the induction of premature labour. Previously to the invention of the forceps, to which midwifery owes so much, infants were sacrificed whenever the least difficulty occurred; the crotchet was regularly called into requisition when a labour had lasted a certain time. In the last century, Mittelhäuser, a practitioner in Germany, boasted that he only lost two out of every ten children delivered. We learn from the pages of La Motte what the practice was in France at the same period. The midwife and the crotchet were inseparable companions.

In reviewing the past and present mortality in obstetric practice, Dr. Tyler Smith says—"The average deaths from childbirth in London during the ten years between 1660 and 1670, as nearly as could be ascertained by Dr. Merriman from the Bills of Mortality, was 1 in 39. At the present time the average of deaths from childbirth and puerperal disease in this metropolis is rather less than 1 in 200, so that two centuries ago more than five women were lost in childbed where one now perishes."* Although there is great matter for congratulation in this, there is much yet to be done to render *general* obstetric practice what it should be. The average maternal mortality in England and Wales, stated by Dr. Tyler Smith to be about 1 in 180, is far above what is met with in the practice of good accoucheurs. Thus Mr. Bailey, of Thetford, the results of whose fifty years' practice of midwifery are recorded in the volume now before me, and from which I have just quoted, states that in 6476 labours only 6 women died from labour causes, or about 1 in 1000.

From these facts you may judge that a practitioner of midwifery, who knows his business well, will be the humble means of saving more lives than his more ignorant and Providence-trusting neighbour. Do not suppose, therefore, that there is nothing for you to do, and no difficulties to be surmounted. You will find in the emergencies of this department of practice many opportunities for the exercise of your skill, if you have it, and many occasions on which you will bitterly regret its absence if you have it not.

This necessary knowledge and skill are to be acquired only by a careful study of the various subjects to be brought before you in this course of lectures, and by diligently attending cases of labour. With reference to the necessary attendance on cases of labour, the subject appears to call for a few remarks. It must be confessed that to many students of midwifery the often-protracted and apparently useless attendance in the lying-in chamber which they are at first called upon to render is, and not unnaturally so, somewhat distasteful. It is unquestionably the fact, that in attending your first few cases of labour the exercise of a little self-denial may be found necessary. But there is, as you must well know, no "royal road" to the acquirement of knowledge which is of any value, and the patience and self-denial will not be uselessly expended if you take advantage of the opportunities there presented for mastering your subject and becoming familiar with the normal process of parturition. Unless by patient observation this elementary kind of knowledge has been acquired, you will never be in a position to practise midwifery with any satisfaction, and you will never attain to any degree of skill, because it will be impossible to have any confidence in your own powers. Too many practitioners pass through their lives as mere routinists, so far as the practice of midwifery is concerned.

* On the Abolition of Craniotomy from Obstetric Practice, &c. Obstetrical Transactions, vol. i., p. 39.

If Nature be tedious in her operations, they are compelled to look on helpless and incapable of assisting her in her work; the ignorance and incompetence which are the natural results of an early neglect of their duties naturally produce in such individuals dislike for this department of their profession, and their practice therein is necessarily either timorous and uncertain, or rash and ill-judging. It will be easy to avoid the disasters and inconveniences attending such a mode of practice if you only determine early enough to do what you can to avoid them.

The importance of the study of midwifery is now only beginning to be recognised by the profession as it deserves. The spirit which, within a comparatively recent period, led an individual of mark and eminence in the profession to characterize midwifery as "an unfit occupation for gentlemen of an academical education" has not entirely disappeared; the different examining boards have not yet, through the medium of their regulations, placed the subject of midwifery before the eyes of students and practitioners in the position relatively to medicine and surgery which it ought to occupy. This and other deficiencies will doubtless be remedied in time; the prejudices of individuals must give way to the cause of the interests of humanity; and there is every probability that in future this department of the profession will assume a position and an importance in public opinion to which it has never yet attained. The increasing estimation of the value of "life," and the growing sense of the duty and necessity for its preservation under all circumstances, must have the effect of giving a high position to an art which in skilful hands is capable of doing so much in the way of saving life. It is your duty, as well as your interest, to take care that so far as you are concerned the public respect for the obstetric art and the practitioners of that art be not diminished.

ON

A CASE OF CÆSAREAN OPERATION.

BY HENRY ASHTON, L.R.C.P. EDIN., &c.,
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PETER H——, came to my house, about nine o'clock on the morning of the 19th of December last, to ask me to attend his wife in her confinement. He told me that his wife had commenced being poorly between one and two o'clock in the morning, and that she had parted with a large quantity of blood during the night, and when he left home her pains had become much stronger. He further stated, that she expected not to survive this confinement, and that he and her sisters thought the same, and requested me particularly to tell him on our arrival if there was any danger, on account of their religious belief.

Although there were great lameness and deformity of the spine and left hip, which had commenced about ten years previously, I did not apprehend any danger, except from the flooding; for when I attended her three years before, in her eighth confinement, she was delivered easily of a full-grown child, and was very soon out of bed and doing what household duty she was capable of. Since then the deformity and lameness had not, to all appearance, greatly increased.

On my arrival, whilst I was taking off my over-coat in the lower room of the house, I heard her cry out from two pains, and I noticed that the cry had the peculiar sound heard in obstructed labour. On going to her, I saw that she had an anxious and distressed countenance, her pulse being 90 and soft. I found that her under-clothing was covered with blood, and small clots of blood lay about the thighs and in the vagina. On introducing the forefinger, I felt what appeared to be the child's head, with the scalp tumefied, in the cavity of the pelvis, and between it and the os pubis, extending to a length from two to three inches, a soft substance having the feel of the placenta. A slight flooding continued between the pains, and ceased, in a great measure, whilst the pain was on. I determined to make a careful examination, and commenced to introduce the hand to enable me to do so. I now found that I could not possibly, with the force I was justified in using, get the knuckles to pass the vulva, and that the tuberosities of the ischia, at their anterior points, approached so close as barely to admit two fingers lying together. The attempt to introduce the hand brought on strong expulsive pains, and I again attempted to get the hand to pass, but could not succeed. By keeping the hand well back, and the thumb over the sacrum, I was able to get the first two fingers pretty high up, and perceived that what I took to be the placenta was the anterior and posterior lips of the os uteri, projecting between the upper edge of the left os pubis and what, at the first examination, appeared to be the child's head, but which was in reality the promontory of the sacrum, and, as it afterwards proved, the last lumbar vertebra, covered by the internal integument, greatly swollen from the pains pressing the child upon it above. The os uteri was fully dilated in a longitudinal direction, and I could just reach to get the finger along it for about two or three inches, and felt the membranes, during a pain, fully distended. As the flooding continued, I contrived, during a strong pain, by reaching as high as possible, and keeping the finger pressed firmly against the membranes and rubbing with the nail, to rupture them, and there was no flooding after. I could now feel a hard presenting part, but whether it was the head or not I could not distinguish. The tips of the two fingers would lie sideways between the sacrum and pubis on the left side, plainly showing that there was little more than an inch of space. On the right side, the pelvis appeared to be wider, but the finger could not reach sufficiently high to measure the space, and, as I stated above, I could not introduce the hand into the vagina from the near approximation of the ischia.

As Mrs. H—— had been able to walk and perform her household duties since she first complained of pain and lameness in her left hip, ten years before her death, the lameness appeared to be caused by chronic arthritis; and to the time of her being pregnant, three years since, the disease made little if any progress; but during the latter months of her two last pregnancies, her husband was obliged to carry her from bed down stairs in the morning, and place her on a chair, where she would remain sitting till night, when he had to carry her to bed again. During this time she was able to wind the bobbing for his weaving, and employ herself in sewing. He had to follow the same course during this her last pregnancy.

The disease, which had remained dormant for so many years, and which appeared to have progressed actively again within a few months, was now evidently malacosteon. I formed the opinion, after examining her in the several positions which she was able to assume, that, from the extreme contraction of the brim and outlet, the inability to feel distinctly the presenting part, (which, whatever it might be, evidently could not enter the brim, for I could only just feel it with the tips of the fingers got as high as possible through the brim, on the left side, although she had had for an hour, since the rupture of the membranes, as strong forcing pains as I think I ever witnessed,—with the exception of one case, an arm presentation, in which the child had to be dismembered from the impossibility to turn,) and the impossibility to get the hand and the fingers sufficiently high to guide an instrument to perforate the presenting part, it would be impossible to deliver her by the natural passage.

I determined at once to have another opinion, and sent a note for Mr. Haldan, of Preston, with directions to the messenger, if he was not at home, to go to some other gentleman of experience, giving him several names. Mr. Haldan arrived in a little over four hours, with my son. I told him what I thought about the case, and how she had gone on since my arrival. During these four hours she had kept having strong pains at intervals of a few minutes; but I could not perceive the slightest alteration in the presenting part. Mr. Haldan, after making a most careful examination, arrived at the same conclusion as myself. He had had the opportunity of seeing and examining frequently a case of distorted pelvis before, in which the Cæsarean operation was performed, and in which two eminent medical gentlemen of Manchester had given their opinion that it was impossible to deliver without its performance; and he said, as far as he could judge, he thought this a worse case of distortion.

It was now a point with us whether we should procure another opinion, and we weighed the matter over carefully and we hope rightly. We were at a distance of five miles from any medical man, and there was the chance of not finding any of the gentlemen at home whom we might select; the poor woman had been nearly seven hours in strong labour since I ruptured the membranes, but the pains were getting weaker, and she was evidently becoming more exhausted; her cries during the whole of that time had been so distressing that I had several times made an excuse to leave the house; the pulse was getting quicker; and it was painfully evident that if there were any lengthened delay, the little chance the poor woman had would be thrown away. We were not certain that the

child was living, but, as far as we could ascertain, we judged so; and although its life would not have any weight compared with that of the mother, in this case it deserved to be taken into consideration in weighing the chances; for, from the severe nature of the disease which afflicted her, the extreme stage it had progressed to, from the active character it had assumed within a short period, and its apparently still active progress, there appeared but little chance, if any, of saving the mother; and by Cæsarean section, there was just a faint hope that one or both might be saved. There was no possibility of using the long forceps, for there was not room on the left side, at the brim, in width, for half a blade, independently of the contraction of the outlet; and on that side only could a presenting part be felt; Mr. Haldan, indeed, from the larger size of his hand, could not reach it. For the same reason, the perforator could not be used; for no person would be able to guide it, or to tell what he was perforating; and the danger would be as great, if not greater, from the long time that it would take to break down the head, if it could have been reached, and the bruising and contusion of dragging it through the contracted brim, as from the Cæsarean section. We decided to tell the poor woman and her relatives the true nature of the case, and let them decide for themselves. It was fully explained to them that there was scarcely a possibility that she could survive the operation, and if they wanted any other opinion we would try to get it for them. They replied that they did not wish it, and desired us to do what we thought was best for her, and allow her whatever chance there was of saving her life. She was also wishful to have the operation performed if it would give her a chance of life and relief from her sufferings, but this last reason did not influence our decision. As the case was urgent, and she had been many hours in strong labour without the slightest progress being perceptible, and as the authorities agree in saying that the ill-success which has attended the operation in this country is owing to its being delayed too long and confined to those cases chiefly where the constitution is undermined by existing disease, Mr. Haldan said that if I would perform the operation he would share the responsibility of medical criticism. I decided to do it with his assistance, and made the necessary preparations. As there was no fire-place in the chamber, and it was very cold and frosty, we got a bed brought down into the lower room, and a moderate fire made up. She passed her urine immediately before being brought down, and as she had a frequent necessity to pass it, and suffered great pain if she did not immediately obey the call, it appeared as if there was not room in the pelvis to permit the bladder to contain any quantity; she could only void it in the sitting position, and had often to be lifted out of bed to relieve herself. The rectum had no accumulation in it.

After being brought down and placed in a convenient position on the bed, Mr. Haldan put her under the influence of chloroform; and having ascertained that the placenta was not in front, I made an incision through the integument at the most prominent part of the abdomen, about an inch above the umbilicus, and from an inch to two inches in length, which exposed the uterus. An opening was made into it so as to admit two fingers of the left hand; and using these as a director to protect the child, the incision was extended down towards the pubis, as near as I can say four inches, and an attempt was then made to extract the child; but the opening not being sufficiently large, it was extended upwards towards the ensiform cartilage, the whole extent of opening being about seven inches. The uterus was firmly contracted on the child, and I had some difficulty in getting my fingers between it and the anterior wall of the uterus, which was nearly half an inch in thickness. It was so tense that the cutting of it had the feel of cutting through the costal cartilages. Writers on midwifery say that it is generally thin, and easily cut. The right shoulder of the child lay in front, and hooking my finger in the axilla, I extracted the infant. Whilst I held the child, Mr. Haldan extracted the placenta, and kept the sides of the wound so closely approximated after the extraction that it was nearly impossible for any air to enter the cavity.

Possibly too much stress may be laid by authors upon the necessity of preventing air from entering the abdomen, for in the operation for diseased ovary it can scarcely be avoided, and it does not appear to add to the danger. If I may give an opinion, I think a little exposure to the air would add little to the danger of after-inflammation, and might have a favourable tendency in causing the uterus to contract so as to avoid some of the danger from hæmorrhage. I have seen the operation for the extraction of a large ovarian tumour, weighing with its contents nearly fifty pounds, most skilfully performed by Dr. Clay, and where, from the extent of the adhesions, the abdominal cavity was necessarily kept open for about three quarters of an hour; yet the woman recovered, with scarcely an untoward symptom.

There was only a small amount of bleeding from the incisions through the integument and uterus. After the necessary number of sutures were inserted, the wound was dressed with strips of adhesive plaster, over which a thick pad of linen was placed, and a broad bandage, with a sufficient degree of tightness; the whole operation, from giving the chloroform to the application of the bandage, not occupying twenty minutes.

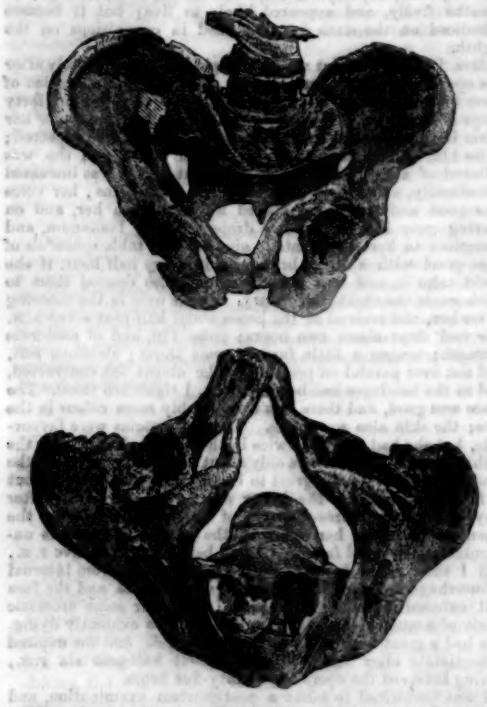
The child—a male—was asphyxiated, but a little blood was allowed to flow from the cord, and artificial respiration, with friction, being kept up for a quarter of an hour, it began to breathe freely, and appeared likely to live; but it became jaundiced on the sixth day, and died in convulsions on the eighth.

Mrs. H—— was faint and nearly pulseless immediately after the operation, but the pulse rallied upon the administration of some brandy, and we left her in an hour, after giving her forty drops of laudanum. My son remained with her, and I saw her again in three hours. I found her as well as could be expected; pulse 112, of moderate strength; rather pale; said she was relieved of a great amount of pain, but that it was increased occasionally, as she had previously felt after-pains; her voice was good and strong. I stayed an hour with her, and on leaving gave her twenty-five drops more of laudanum, and directions to her attendants to give her two table-spoonfuls of sago gruel with a little brandy in it every half hour, if she could take it, and was not sleeping; I also desired them to fetch me in the night if necessary. I rode over in the morning to see her, and arrived at the house about half-past seven A.M. She had slept about two hours; pulse 120, and of moderate strength; tongue a little furred; some thirst; abdomen soft, and not over-painful on pressure. The uterus felt contracted, and as the bandages had become slack, I tightened them. The voice was good, and there was considerably more colour in the face; the skin also was warm. These symptoms were favourable, but she had vomited twice in the night. Upon using the catheter, I found there was only about an ounce of urine in the bladder. I ordered the gruel to be given without brandy, but if faintness came on, the latter was to be renewed. After staying with her three-quarters of an hour, I left, with the intention of seeing her again in the afternoon, but was unavoidably prevented from seeing her before half-past five P.M., and I then found her fast sinking, apparently from internal hæmorrhage, for she was pulseless, very restless, and the face and extremities pale and cold. I gave her some aromatic spirit of ammonia and brandy, but she was evidently dying. She had a great wish to be turned on her side, and she expired immediately after this was done, about half-past six P.M., having survived the operation twenty-five hours.

I was permitted to make a post-mortem examination, and with the assistance of Mr. Haldan did so on the evening of the 21st. The wound in the integuments appeared to have contracted considerably, and that in the uterus was not more than four inches in length. The uterus itself was about the size of a child's head, and of a pale-pink colour. We emptied out from the lower part of the abdomen about three pints of blood, for it more than half filled a large chamber-utensil—a sufficient proof that hæmorrhage from the lips of the wound in the uterus had been the cause of death. As she had regained her colour in a great measure the morning after the operation, and her pulse was moderately strong at the time of my visit, the hæmorrhage must have commenced when she began to be restless and pale, about two P.M. Possibly the reaction and the warmth of the room might have encouraged it. May there not be too much stress laid upon the necessity of keeping the apartment at a high temperature? The examination of the pelvic viscera was not carried further.

The accompanying engravings are taken from two photographic views of the pelvis, and I have by me also accurate diagrams of the brim and the space between the rami of the ossa pubis and ischia to its widest part, between the tuberosities of the latter bones. From the promontory of the sacrum to the brim of the pelvis, opposite the centre of the acetabulum on the left side, is one inch and five lines; on the right side, from the same points, is one inch and ten lines; the transverse diameter opposite the centre of the acetabula is three inches and three lines. The widest part, between the tuberosities of the ischia at their posterior part, is two inches and seven lines; and at a distance of nearly two inches from the under side of the symphysis pubis, the width is only one inch and two lines. From the point of the coccyx to the under surface of the symphysis pubis is four inches; the

depth of the symphysis is less than one inch. The curve of the sacrum is so great, that the distance from the top of the sacrum to the tip of the coccyx is only two inches and a half. The promontory of the sacrum, instead of being half an inch above the level of the upper part of the symphysis pubis, is three-quarters of an inch below it, causing the upper edge of the fifth lumbar vertebra to be nearly on a level with the symphysis. This vertebra and the curve in the sacrum, covered with the swollen integument, had to the finger exactly the feel of a fœtal head. From the external edges of the crista ilii there is a distance of nine inches and a half; and from one antero-superior spine to the other eight inches and a half.



"These measurements are all exclusive of the soft parts, which would diminish the measurement of the brim, at the smallest allowance, four lines. The junction of the fourth and fifth lumbar vertebræ is the most projecting part to the pubis on the left side; and from the spine being distorted to that side, the presenting part would lie against the lower part of the fourth lumbar vertebra, and on the upper side of the left os pubis, which explains the reason why it was impossible to feel it on the right and wider part of the brim. If the outlet had been of the usual size, there would have been no difficulty, I think, in feeling the presenting part on the right side as well as the left; but, owing to the distortion of the spine, it would be from one to two inches higher than on the left side. As far as I could judge from the little time I had for observation, when I got hold of the right axilla, the presenting part would be the left shoulder. The circumference of the child's head, which I measured very carefully, was fourteen inches and three-quarters. I am sorry that I had not the opportunity of weighing it, but it was above the average size.

Now the pelvis is dried, it is quite easy to bend the rami of the pubes and ischia; the sacrum was a thin shell of bone, the interior of it being converted into a species of fat; in cleaning it I could not keep the thin shell of bone whole. The vertebræ were in so softened a state, that in dividing the spine to separate the pelvis, I cut through the centre of the third lumbar vertebra with the greatest ease; for, owing to the imperfect light of a candle, the joint was not readily distinguished. If such a diseased state of the bone must have made further progress, the poor woman could not have continued to live much longer, and it would diminish the chances of recovery from the operation.

Supposing there had been no contraction of the outlet, and, being a natural presentation, it had been possible to use the perforator, could a full-grown child, above the average size, have been dragged through a brim so contracted, with the head diminished to its very smallest size? Blundell says that Mr. Burns and Dr. Hull have ascertained, that when the standard head is reduced in the best possible way to its smallest size, by the most expert operator, it will require for its transmission an aperture of three inches in length, and one inch and three-quarters in breadth. Would not the danger have been as great from the contusions, and consequent inflammation and suppuration, as from the Cæsarean section? I have a pelvis which was given me, in which the sacro-pubic diameter is three and a half inches, and the transverse diameter four and a half. The poor woman to whom it belonged was the unfortunate subject of violence; she afterwards became pregnant, and had to be delivered by craniotomy. She died, I was informed, two days after her delivery, never recovering from the exhaustion caused by the tedious labour and the operation, the extraction of the child being attended with great difficulty.

Drawing a fœtus eighteen inches long, in a softening state, through a small iron ring, and when the operator can get hold where he likes, and see what he is doing, is no criterion that such a thing can be done with a living child of the full size, through an extremely contracted pelvis on the living subject, nor does the eminent gentleman who succeeded in doing so, recommend its attempt.

The leaving the child to decay, as in Dr. Osborne's case, is all but universally condemned by the authorities of the present day, and Ramsbotham's arguments against it are very decided. Burns makes the following remarks as to Dr. Osborne's case:—"As the patient recovered, and afterwards, I think, died in the country, where she could not be examined, we cannot say to a certainty what the dimensions of the pelvis were." He further says, "A premature, or very small child, may be brought through a pelvis which will not permit, by any means, an ordinary-sized fœtus to pass. But it behoves us, in our reasoning, to judge every child to be at the full time, unless we know the contrary, and to make an estimate on the average magnitude."

Without presuming, I may venture to say that no person can judge of what should be done in such a case without seeing it; nor can the anxiety of mind which the practitioner, who has the responsibility of deciding what to do, be imagined; the position is no enviable one to be placed in. Both Mr. Haldan and myself trust that we decided rightly and for the best. I believe that I have written every fact, and concealed nothing belonging to our management of the case.

Walton-le-Dale, 1860.

*** As this case has been made the subject of criticism before the details were made known, we think it just to the author to state our opinion that he has displayed throughout sound judgment and professional skill. The publication of it, as we observed, was, in the interest of science, a duty incumbent upon Dr. Ashton, and nothing but credit can result to him.—ED. L.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

KING'S COLLEGE HOSPITAL.

OLD-STANDING DISEASE OF THE HIP IN A BOY; EXCISION OF THE JOINT; FATAL RESULT.

(Under the care of Mr. FERGUSSON.)

ALTHOUGH the subject of removal of the hip-joint by excision has already been fully illustrated and commented upon in our "Mirror," we think that the occasional record of fresh cases, with their results, will prove of service, by drawing attention

more particularly to the diseases of this important articulation which require operative interference. We therefore on the present occasion give the particulars of two cases of excision of the hip-joint—that is, of the head of the femur and portions of the acetabulum—in lads of the respective ages of eleven and twelve years, both terminating fatally.

Much additional information upon the subject of the treatment of certain diseased conditions of the hip-joint by complete and partial excision of the articulation has been recently furnished by Mr. P. C. Price, in a paper read before the Medical Society of London. (See THE LANCET, April 28th, p. 419.)

The general results are most assuredly gratifying, as proved by Mr. Price's careful statistics, and we think that a larger number of patients than has been the custom heretofore should now receive the benefits of excision, when it is likely to prove successful, and to attain this end the operation should be attempted at a sufficiently early period, to afford every possible chance of success. If necrosed or carious bone is present in any of the major articulations, and, by the irritation produced, co-existing with extensive suppuration, is slowly and surely destroying life, an immediate operation for its removal should be performed, as is the common practice for necrosis or caries in any other part of the skeleton. We have endeavoured to prove on many occasions the great value of the operation under consideration; but we were hardly prepared to learn of such an amount of success as has attended it, when all the circumstances are taken into consideration.

Of the cases which we subjoin, the first was one in which the constitutional powers had become greatly exhausted and worn out from the irritation of the disease; and although the boy was twelve years old, he looked only seven, and had been bed-ridden for years. After the operation he improved for a time, but finally died on the fortieth day from general derangement of the chylo-poietic viscera. The operation here had nothing whatever to do with the result; but it was confidently hoped that the arrest of a continual drain on the system would have permitted the vital powers to rally, and a cure to be effected, as we have seen in similar instances.

For the notes of the case we are indebted to Mr. Francis Mason, house-surgeon to the hospital.

J. W——, aged twelve, admitted, under Mr. Fergusson's care, on Sept. 17th, 1859. He was a native of London, and stated that nine years ago, while out in a thunder-storm, he was struck by lightning, which felled him to the ground. On being raised, he was found perfectly insensible, and he imagined that in the fall his left hip had come in contact with the ground; for from the time of the accident he had more or less pain in walking, and an inability to stand on the diseased leg. These symptoms gradually increased in severity until two years ago, when he was compelled to lie in bed; so he continued up to three months before his admission, when two abscesses formed, one in the fold of the groin, the other by the trochanter major. These had discharged freely up to the time of his admission, at which period the patient was a pale and emaciated-looking boy, having, however, a cheerful expression of countenance. On examination of the affected limb, the leg was found flexed on the thigh, and the thigh flexed on the trunk. There were two openings about the hip-joint in the situation above mentioned, which discharged unhealthy pus, and led to the bare bone. Manipulation gave the patient considerable pain, but otherwise he made no complaint. He had no pain in the knee-joint; his appetite was good, and tongue clean. He was ordered nourishing diet and cod-liver oil.

Oct. 4th.—Continues much in the same state, but looks if anything a little better. Chloroform being administered, an attempt was made to bring the limb into the straight position; this was only partially accomplished, and a distinct grating was felt in the hip-joint.

8th.—The patient continuing weak from the discharge, and not seeming to improve so rapidly as could be wished, Mr. Fergusson determined to perform excision of the head of the thigh-bone. Chloroform having been administered, the following proceeding was adopted:—An incision having been made, about three inches in length, in the usual situation behind the hip-joint, the diseased parts were readily exposed, and the head of the bone easily disarticulated. This and the trochanters were removed. On examining the acetabulum, a small piece of necrosed bone was found imbedded. This was removed, and the cavity gouged. The head of the bone was found much absorbed, the cartilages all gone, and a great quantity of matter escaped from the sinuses during the operation. A long splint was then applied on the outside of the leg.

10th.—Going on well, sleeps tolerably, and makes no complaint. Pulse 124; respiration 26.

12th.—Complains of pain in the knee-joint; the discharge from the wound is most fetid, and the patient's appetite is not so good; tongue very red; complains of great thirst.

18th.—The wound looks healthy, and it is dressed with red lotion; the discharge is profuse, and most fetid. The patient takes six ounces of brandy every day, with good nourishing diet.

26th.—The patient still continues very weak; the appetite being bad, he is unable to take anything but arrowroot and brandy; vomited very much last night. Pulse 126; bowels regular; tongue clean.

Nov. 4th.—Is much better in every respect. The discharge from the wound is not so offensive, but is still very profuse. Takes meat at dinner, and the appetite is improving; sleeps well; pulse 120.

10th.—Has not been so well the last few days. The appetite has diminished; the bowels have been purged violently, and he has vomited a quantity of bilious-looking matter. The discharge from the wound is not so profuse, but is still extremely offensive.

14th.—Is much worse; takes no food except brandy and arrowroot; seems to be sinking.

17th.—Died this morning at four A.M. No post-mortem allowed.

ST. MARY'S HOSPITAL.

EXCISION OF THE HEAD OF THE FEMUR FOR DISEASE OF SIX MONTHS' DURATION; FATAL RESULT ON THE TWENTIETH DAY.

(Under the care of Mr. URE.)

IT is most probable that, had Mr. Ure been permitted to perform the operation in the following case when he originally recommended it to the boy's parents, it would have proved successful. The disease was confined almost entirely to the articular extremity of the bone, and had been a source of intense constitutional irritation, with great suffering, leading to a rapid decline of the vital powers. He was free from any uneasiness during the three weeks that he survived the operation; and we fully believed, up to the fourteenth day, when Mr. Ure showed us the patient, that a cure would have resulted. We may here observe that, in December last, a patient presented himself at St. Mary's Hospital with a gum-boil, who had had his hip-joint excised three years before by Mr. Ure for disease, his case being published at the time in our "Mirror." He is now perfectly well; the parts are completely healed, and he walks about on the affected leg with the aid of a stick.

J. W——, aged eleven years, with fair complexion, sandy hair, and grey irides, was admitted on the 4th of November, 1859, with hip-disease. At the upper anterior third of the thigh was a fistulous opening, which discharged thin sero-purulent matter. On introducing a probe, it came in contact with exposed bone, adjoining the cotyloid cavity. Six months preceding the date of admission, the patient was attacked with swelling in the above-mentioned situation, which gradually increased till it attained the size of the fist, and became red and painful. Bread poultices were applied continuously during six weeks, at the end of which period the swelling opened of its own accord, and poured out a quantity of matter. The poultices were applied for a fortnight longer, and then left off, in the hope that the opening might close. It, however, never ceased to discharge matter. There were fulness and tenderness in the region of the hip-joint, and pain was produced by pressing upon the trochanter.

Dec. 7th.—The actual cautery was applied between the tuberosity of the ischium and the trochanter.

12th.—Has been relieved since the cauterized surface suppurated; and has been able to move the limb more freely than before.

In the course of a couple of weeks he relapsed, and

On Jan. 2nd, 1860, he had lost flesh and strength; the appetite had failed; he complained much when anything touched the trochanter major; and the discharge from the fistulous opening had augmented. He was ordered, in addition to a generous diet and wine, cod-liver oil and iron.

11th.—He had been progressively getting weaker and more emaciated; the countenance was wan; hectic flush on the cheeks; night sweats; pulse small, always above 100; appetite bad. He lay constantly on the left side, with the thigh

bent, and the right knee overlying the other; and suffered acutely when the slightest attempt was made to move the affected joint, or when the least pressure was made on the trochanter. The distance from the anterior superior spinous process of the ilium to the greater trochanter was found to measure, on the affected side, five inches; while the corresponding distance on the sound side measured four inches. It had been proposed, some days previously, to remove the head of the femur, but the operation did not meet with the sanction of the parents; they, however, eventually consented. The boy was in a state of constitutional prostration, and suffering greatly. Chloroform having been administered as far as could safely be done consistently with the depressed condition of the patient, Mr. Ure made a curvilinear incision with antero-inferior concavity, embracing the superior and posterior margins of the great trochanter. He was thus enabled to come upon the capsule of the joint, which was carefully opened; and then, while the thigh was flexed and adducted to facilitate this step of the operation, disarticulation was effected, and the head of the femur removed at the neck by means of bone-nippers. One small bloodvessel was tied during the operation; scarcely more than a teaspoonful of blood was lost. The edges of the wound were brought together by four points of suture; a piece of wet lint and a roller completed the dressing. The head of the femur was found deeply eroded; a great part of the cartilage and epiphysis were destroyed, so that it had lost its spherical form. The synovial lining of the acetabulum felt pulpy; the round ligament had disappeared. When in bed he was ordered an anodyne draught.

12th.—Passed a comfortable night after swallowing the draught. Countenance cheerful; lies on his back with the limb slightly bent and abducted; tongue clean.

14th.—Bowels were relaxed yesterday; pulse rapid, but more full than previously; tongue clean; appetite bad. He is free from pain, but still has night-sweats. To have chicken for dinner; arrowroot with brandy, a pint of milk, two eggs, and four ounces of sherry in the day, as previously.

16th.—Pulse very rapid; complains of soreness about the teeth; gangrenous fœtor from the wound; muttering delirium during the night; countenance rather sallow; urgent thirst; refuses food. To drink freely of milk.

18th.—Feels better than he did; the soreness about the gums has abated, and the thirst also; the pulse rapid and feeble; very restless at night.

19th.—Wound looks more healthy than it did, and begins to suppurate; troubled with excoriation on the knee from position; countenance good; tongue clean; pulse 140; has taken beef-tea, and also milk, with some relish; feels no pain; slept well.

23rd.—Very feeble; countenance very pale; pulse 120; wound smells offensively.

24th.—Has rallied somewhat; pulse 140; sleeps well however.

27th.—Feels better, but looks anxious.

28th.—Somewhat lethargic, and getting weaker.

31st.—Gradually sank and died.

There was no autopsy, as the parents took the body home into the country.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, APRIL 24TH, 1860.

MR. F. C. SKEY, F.R.S., PRESIDENT.

ON THE TREATMENT OF AXILLARY ANEURISM.

BY JAMES SYME, ESQ.,

PROFESSOR OF CLINICAL SURGERY AT THE UNIVERSITY OF EDINBURGH.

THE object of this communication was to suggest that in general, if not always, the old operation would be preferable to the method of Hunter for the treatment of axillary aneurism. With the view of supporting what might appear rather startling doctrine, the author combated the generally received opinion, that the portion of an artery comprehended by an aneurism is not competent for the process of obliteration by ligature, and maintained that the mere circumstance of isolation from neighbouring connexions while the vessel still retained its usual relation to the sheath should not render it unfit for the process in question. In favour of this position, he quoted the successful result of ten operations performed by him in the old way for the remedy of traumatic aneurism at the bend of the arm, and also the remedy, by the same means, of a carotid aneurism too low in the neck for ligature without opening the sac, which, if allowed to proceed, would have proved fatal, not only to the patient, but to his assailant who inflicted the wound, and who would certainly have been hanged in the event of its proving fatal. The author further related two cases of axillary aneurism, not admitting of relief from ligature of the subclavian, in which amputation at the shoulder-joint was performed with success. But the principal ground of his suggestion was a case of axillary aneurism which had lately come under treatment in the Royal Infirmary of Edinburgh. The tumour was very large, distending the muscles of the axilla, and projecting above the clavicle. It was rapidly increasing, and already showed signs of impending gangrene; while the patient's general condition, as manifested by a pulse of 130, and wandering ideas, was no less alarming. Ligature of the subclavian being quite out of the question, before proceeding to amputation at the shoulder-joint it was deemed proper to ascertain the state of matters in the axilla. But as this could not be done without the risk, or rather certainty, of a fatal hæmorrhage, unless the artery could be commanded in the first instance, an incision was made along the posterior edge of the sterno-mastoid, through the platysma myoides and fascia, so as to allow the finger of an assistant to reach the vessel where it issues from under the edge of the scalenus anticus and lies upon the first rib. The cavity was then opened, nearly seven pounds of coagulated blood removed, and both ends of the artery tied, as it was found to have been torn across. The patient made a good recovery, and was dismissed six weeks after the operation, able to resume his employment. The old operation, having thus succeeded in a case so formidable and unpromising, seemed worthy of adoption, not merely in cases unsuitable for ligature of the subclavian, but as preferable to the Hunterian method, on account of its greater facility, safety, and certainty. The author, having upon two occasions tied the subclavian artery for aneurism with perfect success, had no prejudice against this operation, but was forced to the conclusion just expressed by his sincere conviction of what was due to expediency. He also begged to suggest that the means employed for effectually commanding the artery perhaps admitted of more extensive application. It had been used by the author thirty years ago in his first operation for the removal of the superior maxillary bone, in which excessive hæmorrhage had been erroneously anticipated, by making an incision between the ramus of the jaw and mastoid process, so as to admit a finger to compress the internal maxillary artery on the neck of the condyle. The author remarked that in this case the superior maxillary bone was removed for the first time in Great Britain, and that the operation is the earliest to be found in the records of surgery.

MR. ERICHSEN observed that the manner in which the operation had been performed must elicit the admiration of everyone; but he could not admit that the case in any way influenced the application of the Hunterian principle in the treatment of aneurism. The author of the paper had not, he thought, drawn a distinction between aneurisms of spontaneous and of traumatic origin. In cases of traumatic aneurism at the bend of the elbow or elsewhere, Mr. Syme only followed the practice commonly pursued: he would lay them open, and ligature the artery on each side. No surgeon of the present day would think of placing a ligature on the brachial artery for aneurism caused by a wound made by venesection. It seemed to him (Mr. Erichsen) that the case before the Society was not a spontaneous but a traumatic aneurism, and too much caution could not be exercised by surgeons in any application of the principle proper to be pursued in the one case to that of the other. He contended that the progress of Mr. Syme's case was too rapid for a spontaneous aneurism, and, moreover, the disruption of the artery was too complete for that form of the disease. In his excellent work on Injuries of Arteries, Mr. Guthrie had shown with perfect clearness that in all cases of diffused aneurism in the axilla, the plan pursued in Mr. Syme's case should be resorted to. Mr. Erichsen then made some strong comments on the practice of ligature on the subclavian artery above the clavicle for diffused axillary aneurism. The tumour should be laid freely open, the pectoral muscles divided, and the artery should be ligatured at the point of injury. In cases of spontaneous aneurism, however, such a course of proceeding would be highly improper. He believed in cases of spontaneous aneurism the diseased condition of the artery was not confined to that spot at which its coats had given way. In Mr. Liston's

case, in which he ligatured the subclavian artery,—the first operation of the kind in this country,—the subclavian was compared to the finger of a wet glove. Secondary hæmorrhage, the result of this state, came on, and the patient died. In the cases which had come under his (Mr. Erichsen's) observation, an extensive state of the disease in other parts besides that at the seat of aneurism, was generally to be found. In some instances, indeed, a diseased condition of the artery existed at the same spot on the opposite side of the body. He reiterated his caution as to any attempt to overthrow a principle of surgery which had been established for seventy years by the practice pursued by Mr. Syme in the case under discussion. Although in this instance it was successful, it was only a solitary case; but axillary aneurisms were, in fact, the last cases in which an attempt should be made to subvert the Hunterian principle. Of all aneurisms they were the most liable to become diffused, and to run into a state of suppuration and slough. This was sufficient explanation why ligature in the subclavian artery above the clavicle had been less successful than the ligature of vessels for aneurisms in other parts of the body.

Mr. JOHN ADAMS took exception to the principle laid down by Mr. Syme, and considered it was only applicable to cases of diffused aneurism in which there was no real, defined sac. In cases of an aneurismal sac at the bend of the elbow he had never found it necessary to lay open the tumour and tie both ends of the vessel. He had treated these cases sometimes by the application of a ligature above the seat of the disease, with perfect success. In other instances no operation was required, the careful application of pressure being found quite sufficient, and if caution were exercised in its application, there was no danger of gangrene.

Mr. URE considered that the means which Mr. Syme had resorted to for restraining the hæmorrhage in the case before them was the chief merit of the operation.

Mr. CURLING expressed his regret that Mr. Paget was not present, as he could have given the particulars of a case of traumatic axillary aneurism, in which he performed an operation similar to that recommended by Mr. Syme in his communication. He (Mr. Curling) had only an imperfect acquaintance with the case, arising out of a casual conversation on the subject then under discussion; but it appeared that under the violent extension of the contracted arm of a lady, the axillary artery was ruptured, and an aneurism resulted. Pressure having been made on the subclavian artery, Mr. Paget laid open the aneurismal sac in the axilla, dividing the pectoral muscle, and tied the artery above and below the sac, with a successful result. Mr. Curling considered that some of the observations made by Mr. Erichsen in opposition to Mr. Syme's views really tended to show the advantages of the treatment which the author of the paper advocated. Mr. Erichsen had stated that in spontaneous axillary aneurism the subclavian artery was often diseased; that the aneurismal sac, if large, was inclined to slough or suppurate; that a ligature placed upon the subclavian did not intercept a free supply of blood to the aneurism by the subscapular artery. These were circumstances which showed that greater advantage might be gained by laying open the sac and securing the artery at the seat of the aneurism, than by tying a diseased artery a short distance above; and taking into account also the great fatality after ligature of the subclavian artery, Mr. Curling considered that there were strong reasons for making trial of the same treatment in spontaneous aneurism as would undoubtedly be proper in traumatic aneurism.

Dr. HODGKIN spoke at considerable length on the difficulties which sometimes presented themselves in determining which kind of operation was to be preferred. In the treatment of aneurism it was important to determine the contents of a sac. He related two cases in point. In one instance the contents of the aneurism were found to consist of matter resembling the olive-green powder in a puff ball, which of course could not be absorbed. In another case of large popliteal aneurism, layers of opaque and partly translucent substance formed the contents. From these facts it was clear that in some instances the old operation was the only one which could be safely resorted to.

The PRESIDENT mentioned a case which had lately come under his care at St. Bartholomew's Hospital, and which resembled the case mentioned by Mr. Curling. The patient, a woman, had suffered dislocation of the humerus, and eight or ten days after its reduction a large traumatic aneurism of the axilla presented itself. The necessity of tying an artery was obvious; but should the operation be on the axillary or the subclavian? In this case he acted up to a principle of surgery from which he never deviated when it was possible to carry it out. He accordingly tied the artery at the point of injury. Having made a large incision through the axilla, and the profuse hæmorrhage having been arrested by pressure, he succeeded in tying the artery above and below. The patient died, and on examination it was found that there was a fracture of the neck of the humerus, the pointed end of the shaft having torn the artery across.

Mr. HENRY THOMPSON requested Mr. Syme, in his reply, to be good enough to state to the Society his opinion of the mode of arresting hæmorrhage by acupressure.

Mr. SYME, having been called upon to reply, said that the excellence of any surgical treatment must depend upon its facility, safety, and efficiency. They had been told by Mr. Adams that for the remedy of aneurism at the bend of the arm, ligature of the humeral artery was preferable to opening the sac and tying the vessel on each side of the aperture. But the former operation had always been regarded as very embarrassing, while the latter was extremely easy in execution. The same gentleman had expressed his preference for pressure in cases of this kind, although it required much time, with great care, and might lead to gangrene when improperly employed; while he (Mr. Syme) believed that opening the sac was not only much more certain, but also no less safe than speedy in its effects. Mr. Erichsen had drawn a distinction between traumatic and spontaneous aneurism that seemed equally new and incomprehensible. Hitherto the term traumatic had been applied to aneurisms caused by wounds penetrating from the surface to the vessel, while those have been called spontaneous which originated without any external opening. In the former case there was no ground for suspecting disease of the vessel, while in the latter there was always more or less suspicion of such a condition. But Mr. Erichsen placed in the former category all cases in which the disease could be traced to any sort of injury, forgetting apparently that there was hardly ever an instance of the disease that could not be traced to some blow or wrench or other strain upon the arterial coats, and that it was their giving way under such circumstances which constituted the ground for suspecting unsoundness of their texture. Thus, in the case which had been related to the Society there was no wound, and merely exposure to sudden elevation of the arm, so that the disease was truly spontaneous, in the usual sense of the term, and therefore afforded evidence of the most unquestionable kind in favour of the old operation. Mr. Erichsen had stated that the average proportion of deaths from ligature of the subclavian artery for aneurism was more than fifty per cent.; but as it was much more easy to collect good than bad results, the true average would probably be nearer seventy-five than fifty per cent. of deaths. The operation for which he contended therefore did not seem by any means perfect; and as the three cases which he (Mr. Syme) had treated on a different principle terminated successfully under very unfavourable circumstances, the suggestion which he had taken the liberty of offering might not be altogether unworthy the attention of the Society. It had been long known that the danger of secondary hæmorrhage was greater from ligature of the trunk than from tying the orifice of an artery, and this difference should not be disregarded in balancing the merits of the old and Hunterian operations. About a week ago he had amputated the leg below the knee of a man only forty years of age, in whom the arteries were so altered by calcareous deposition that they crackled under the forceps; and he showed a portion of one, several inches in length, which presented the appearance of an earthenware tube. It might have been expected that there would be secondary hæmorrhage from these most unsound vessels, and so there doubtless would have been if ligatures had been applied to the continuous trunks; but no such effect had followed the operation. In the case related by Mr. Erichsen, where Mr. Liston found the subclavian so unsuitable for ligature, and where a fatal hæmorrhage followed its application, the result might have been different if he had applied it to the orifice. In reply to Mr. Thompson's question, Mr. Syme said that he thought the needle process was objectionable on three grounds: first, that the ligature did not deserve the charges which had been brought against it; secondly, that if it did so, there was a much better substitute provided for it in "torsion" than the one in question; thirdly, that the needle process could very seldom be practicable. It had been said that the ligature caused gangrene; but this only showed unacquaintance with the meaning of surgical language, since the thread at once deprived the part embraced within its noose of vitality, and led to no action except the absorption requisite for separation. It had been further said that the ligature caused injurious irritation, subversive of the uniting process; but this also was in-

consistent with the facts of daily observation, since, as every one knew, wounds were constantly healing through the principal part of their extent, although remaining open where the ligatures lay. He (Mr. Syme) had repeatedly tied the femoral artery without the discharge of more than a few drops of matter; and in wounds of the cheek, where it was usual to cut off the ends of the ligatures, so as to leave merely the knots on the inner side, the external edges were found to heal without any discharge whatever. Indeed, so far from regarding ligatures as hurtful, he had long looked upon them as useful, by maintaining a connexion between the bottom and surface of wounds, so as to prevent that accumulation of blood in the cavity which is so apt to happen, and substitute an abscess for primary union. But if the ligature were objectionable, its place might be supplied by torsion much better than by the needle process. He did not think that this method possessed the advantages of the ligature, and therefore he did not employ it usually; but to show his pupils how effectual its application might be, he adopted it in the following operations, which one day lately he had occasion to perform in the Royal Infirmary of Edinburgh: removal of a mamma, excision of a large testicle, and amputation at the ankle-joint. Lastly, he was persuaded that the field for using the needle process would be found of the most limited extent, since it could only be adopted in cases where the vessel lay in the integuments or textures adhering to them; for the idea of pinning down the skin to the surface of a bleeding wound was too absurd for serious consideration. On the whole, therefore, he regarded this proposal as the merest nonsense, which never could have proceeded from a practical surgeon. He regarded it as one of those tubs which are constantly thrown out to amuse the whale, more especially the female whale, and which, when left to themselves, soon drift out of sight. He had no doubt the proposal in question would already have done so, except for the strenuous efforts to keep it in view by a medical journal published in London, which was understood to be very much under the influence of the proposer.

Mr. SPENCER WELLS would pass by the personal allusions of Mr. Syme, merely remarking that he thought the profession was deeply indebted to the eminent man who had introduced into surgery chloroform and other great improvements in surgical practice. He contended, in opposition to Mr. Syme, that acupressure was not only practicable, but in many cases a most advisable mode of proceeding. This was well illustrated in a case in which he (Mr. Wells) had lately operated. The anterior tibial artery was compressed by a needle, and the posterior tibial secured by a ligature. The needle was removed in forty-eight hours. No further trouble ensued. The ligature, however, remained five or six days, setting up suppuration and retarding the cure. No doubt there are many cases in which the process is at present inapplicable, but with increasing experience these would probably diminish.

After the discussion had closed,

Mr. SYME stated that ten or twelve years ago he had proposed a mode of restoring the nose which seemed preferable to the frontal operation. This was, to make two flaps from the integuments of the cheek, unite them in the middle, and then secure their edges to the raw surface on each side of the nasal orifice. It appeared that this proposal had met with little attention in London, if reliance could be placed upon the surgical books published there, as they did not contain any notice of it. He therefore took this opportunity of placing before the Society a patient on whom the operation had been performed five weeks ago. They would see that a nose of the most ample dimensions had been formed, without any perceptible trace of the source from which it was obtained.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, APRIL 17TH, 1860.

MR. FERGUSSON, PRESIDENT.

DR. WILKS presented the following specimens:—

I.—HYDATID IN THE HEART.

This specimen was given to him by Mr. Henderson, of Deptford, who was called upon by the coroner to make a post-mortem examination of the body of a girl, aged nineteen, who had died suddenly. She had always enjoyed good health, never having suffered from shortness of breath, dyspnœa, or other symptoms, when one night, after partaking of a hearty supper, she instantly expired. There was no disease of the head, lungs, or other part, excepting the heart, on opening which an hydatid cyst, of the size of a billiard ball, was found loose in the left ventricle. It was filled with a thin colourless fluid, and the interior showed abundance of echinococci by the microscope. At the apex of the heart was a hard, cartilaginous, semi-opaque structure, about the size of a half-crown; this extended quite through the substance, and on the interior presented a cup-shaped form. It was here evidently that the hydatid had for some time rested, and at last becoming detached, had so obstructed one of the orifices of the ventricles, that its action had ceased. The hydatid had, no doubt, formed in the apex, and then gradually become expelled into the ventricle.

II.—LARYNX AND TRACHEA AFTER A SCALD.

A child, aged two years and a half, swallowed some boiling water. In the course of a few hours the dyspnœa became so urgent, that she was taken to Guy's Hospital. Having then ceased to breathe, Mr. Bankhart, the house-surgeon, performed tracheotomy. Respiration returned, and the child was apparently doing well for some time, when inflammation of the lungs came on, and she died in three days. There was found acute inflammation of the whole of the air-passages, combined with pneumonia. The under surface of the epiglottis and the interior of the larynx and trachea were covered with false membrane; while the bronchial tubes were filled with purulent mucus. Dr. Wilks brought the case forward as exemplifying the fact that inflammation of the windpipe of a child is disposed to be of the croupous kind, and, therefore, tended to corroborate the opinion that croup is dependent more upon the anatomical structure of the organ as it exists in childhood than upon any pathological peculiarity in the nature of the complaint.

DR. CRISP thought the membrane of croup was peculiar to the disease, and that its occurrence at a peculiar period of life indicated this.

Reviews and Notices of Books.

A Practical Treatise on Fractures and Dislocations. By FRANK H. HAMILTON, M.D., Professor of Surgery in the University of Buffalo; Surgeon to the Buffalo Hospital, &c. Illustrated by 289 woodcuts. pp. 757. Philadelphia.

THIS is a valuable contribution to the surgery of most important affections, and is the more welcome, inasmuch as at the present time we do not possess a single complete treatise on Fractures and Dislocations in the English language. Sir Astley Cooper's celebrated work on Dislocations, it is true, treated of the Fractures of the Joints also; and since his time several monographs upon various fractures have appeared, partaking generally more or less of a *special* character, and devoted principally to the consideration of some favourite treatment of the writer. The authors of our several modern systems of surgery also have each devoted a few chapters to the consideration of both fractures and dislocations; but it has remained for our American brother to produce a complete treatise upon the subject, and bring together in a convenient form those alterations and improvements which have been made from time to time in the treatment of these affections. One great and valuable feature in the work before us is the fact that it comprises all the improvements introduced into the practice of both English and American Surgery; and though far from omitting mention of our continental neighbours, the author by no means encourages the notion—but too prevalent in some quarters—that nothing can be good unless imported from France or Germany; and he has preferred to write a work replete with the experiences of his countrymen and himself, rather than edit a treatise of some Teutonic *philosoph.*

After short chapters on the general nature of fractures and their mode of cure, the author proceeds to consider the several fractures *seriatim*, from the nasal bones downwards; but we must confess to not understanding why the nose should be taken as the starting point, and not the skull, on the fractures of which it would have been interesting to have had some transatlantic experience. In considering the several fractures, the author aims at practical treatment, rather than at abstruse

calculations as to the mode in which the fracture was produced, or the direction the ends of the bones may possibly take; and he illustrates his remarks freely both by cases in his own practice and by others which have been recorded in the American journals that do not ordinarily fall in the way of the English reader. Dr. Hamilton is evidently fully acquainted with all our English standard authors, to whom he constantly refers, although he does not agree with all their propositions or follow their practice in all respects; and we find that in 1844 he visited many of our hospitals and some of those on the Continent. A large number of splints and apparatus are described, many of which are not recommended by the author, in order "that, by a study of the principal forms of approved dressings, the reader may be better prepared for the exigencies of practice; and that, by a simultaneous presentation of those which are not approved, he may be saved from a wasteful expenditure of his time in the contrivance of useless apparatus." The following, however, so fully expresses the feeling which should actuate the true surgeon in this matter, that we cannot do better than quote it in this place:—"It is not in the discovery and multiplication of mechanical expedients that the surgeon of this day declares his superiority, so much as in the skilful and judicious employment of those which are already invented." Nevertheless, the author has in most cases some pet arrangement of his own to recommend; but we must do him the justice to say that he by no means insists upon their adoption to the exclusion of other measures. The latter half of the work is devoted to the consideration of the various dislocations and their appropriate treatment, and its merit is fully equal to that of the preceding portion.

After saying so much in favour of a book, it is painful to have to find fault; but, in common honesty, we are bound to complain of the manner in which this work is illustrated. It is adorned with two hundred and eighty-nine wood engravings, most of them of great beauty. It is not, therefore, of the artistic skill that we complain, but that a very large proportion of these same cuts are copied line for line from our standard English authors without any acknowledgment whatever, and therefore pass to the reader as original drawings. Fergusson's "Surgery" seems to have been specially laid under contribution, and, in fact, nearly all the drawings showing the anatomical conditions in the several fractures and dislocations are copied from that work, while for other illustrations the author has turned to Erichsen and other English authorities. Published drawings become in a certain sense public property; but when copied, honourable mention should always be made of the source from which they are derived; and since a "List of Illustrations" prefaces this work, proper acknowledgment might have been readily made. The drawings of the various apparatus of American invention we presume to have been copied from the original drawings, and suppose, therefore, that Dr. Hamilton is not responsible for the absurd mock-modesty of placing a large fig-leaf over the pubes in the illustration of an apparatus for a fractured thigh!

The Atlantis, a Register of Literature and Science of the Catholic University of Ireland. No. V. January, 1860. London: Longmans. Dublin: Fowler.

THE publication of the present number was unavoidably delayed until the end of March. Now it has appeared, we are enabled to say that it fully supports the high character gained by the previous numbers for articles of science, erudition, and research. Upon one point, however, we must hazard a monition—namely, that whilst it is scarcely to be expected the writers of certain articles purely literary can always avoid touching, however slightly, upon the thorny ground of religious dispute, the authors of the *scientific* memoirs are bound to rigorously avoid the least allusion to such a subject. The only strictly professional paper in the number before us is that by Dr. Robert Lyons, "On the Question of Morbid Types and Species," and we had scarcely commenced its perusal before finding the following objurgation:

"It little accords with the policy which ignorance and bigotry would assign to the Catholic rule in Italy," &c.

Though such observations might be passed over in some of the papers of the "Atlantis," we maintain that the Editor should carefully expunge them from the purely scientific memoirs. We must in justice, however, recommend this fifth part of the journal as containing one or two papers of sterling value.

On the Extremely Rare Occurrence of Consumption in Dingle and its Neighbourhood; to which are added Thermometrical Tables from Registers kept at Dingle, Ferriter's Cove, and Tralee. By HENRY BLENNERHASSETT, M.D., L.K. and Q.C.P.I., late Physician to the Castle Island Fever Hospital, &c. pp. 41. Dublin: Fannin.

THE author of this pamphlet, having been during twelve years physician to three dispensaries in Dublin, was struck by the contrast presented in his Dingle practice relative to the occurrence of consumption in comparison with its frequency in the Irish capital. In the latter place he found pulmonary tuberculosis very common, whilst at Dingle he only met with 85 cases out of 163,411 patients who came before him at the dispensary during fourteen years. This being a lower proportion than the author believed would be found to exist in any other part of Great Britain or Ireland, he was led to some investigations, and to lay before his professional friends as a result of his inquiry the present tract recommendatory of Dingle and its neighbourhood, both as prophylactic and curative of phthisis. We may recommend Dr. Blennerhassett's essay as an useful addition to our local climatology.

PEPSINE IN PREGNANCY.

To the Editor of THE LANCET.

SIR,—In the last number of your journal there is a paragraph stating that M. L. Corvisart had been advocating the use of pepsine "to allay the very dangerous symptoms connected with the uncontrollable vomiting of pregnant women;" and also that M. Baudot had, in *L'Union Médicale* for April, described two cases in which he administered this remedy with the best effects. If I am not infringing upon the valuable space of your journal, would you have the goodness to insert the following case?

A. M——, aged twenty-three, two or three months advanced in pregnancy, had for nearly all that period suffered dreadfully from vomiting. Scarcely anything would remain on the stomach; and in consequence, debility was rapidly setting in and endangering to a great extent the patient's life. Creasote, chloroform, soda, &c., had been tried, but with hardly any benefit. At last it occurred to me to try pepsine. I had never seen or heard of its being exhibited in pregnancy, but, willing to try anything rather than give up, I resolved to put the patient upon ten-grain doses of this most excellent remedy. The effect was wonderful. After the first dose a little light food was taken and retained; and after the second dose a pretty hearty dinner of mutton and bread was eaten, which also remained on the stomach, and caused no unpleasantness whatever; in fact, the patient's life, which for the preceding two or three months had been almost a burden, began now to be a pleasure; and although five months have elapsed since the first symptoms set in, very little inconvenience has been experienced. For safety's sake, small doses of the pepsine were given for several weeks afterwards, but more as a prophylactic than an antidote.

I remain, Sir, your obedient servant,

Accrington, April 30th, 1860. THOS. D. GENTLES, Assistant.

BEQUESTS.—Dr. Guislain, the eminent psychical physician, whose death we lately announced, has bequeathed £2000 to the hospitals of Ghent. To the Model Asylum, built near the city, he has left his fine library and his pictures, to be arranged according to the directions of the deceased. His marble bust, which had been presented to him by his former pupils, Dr. Guislain has given to the municipality of Ghent. The Government, anxious to do honour to his memory, have resolved to have another marble bust executed, which will be placed in the great hall of the Academy of Medicine.

THE LANCET.

LONDON: SATURDAY, MAY 5, 1860.

SOME fifty years ago the whole civilized world may be said to have stood aghast at the terrific desolation which, overrunning the Continent of Europe, and even sweeping round the bases of the Egyptian pyramids, was brought in the train of the direst military despot who was ever permitted to afflict humanity. Almost upon the same day, the delight of that despot was gratified by the tidings of the victory of Austerlitz, and his passion aroused by the news of the defeat at Trafalgar. The joy of the former was gradually overwhelmed by the dismay which loomed up slowly before the piercing sagacity which clearly saw into the fact, that the only power in Europe which presented a wholly undaunted and unassailable front, was the Empire of Great Britain. A few more years had passed, and they had seen the soldiers of this Empire upon that tyrant's trail, gradually, but steadily, bringing him to bay. And now comes, at length, a night when the brave leaders of these men break off with an intrepidity almost solemn in its calmness, from a festivity at Brussels, to prepare a peace for the world by wading to the tyrant across the field of Waterloo—a field of gore and blood. Over those Belgian plains rolled the next day the hot simoom of destruction, and beneath the vigorous and conquering energy of the British troops, lay dead that noble guard who had seen the flames of Moscow, the bridge of Arcola, and the sun of Austerlitz. Though all these troops were avengers, each man a Nemesis to the eagle with the beak of blood, there was one stalwart and courageous soul that moved like the shade of THESEUS through the serried hosts. Wherever he pressed, Death made a gap. In the name of SHAW, the English Life-Guardsman, is recalled the *avatar* of that day. Seven men were slain by him—arm to arm, sword to sword—early in the fight. In his own country that man had been a Prizefighter, a member of the Ring, an institution—for so it must be called—which almost everybody condemns as "brutal and demoralizing." Yet has it not some redeeming qualities?

The general merits of the Prize-Ring we cannot discuss. It has its special organs and advocates. But a medical journal may, with propriety and usefulness, point out some of the hygienic and moral bearings of our national, if not "noble," art of self-defence. Admitting the theoretical truth, and not forgetting the inaptitude of the doctrines of the Peace Society, we may regret that men should quarrel, box, stab, cut, maim, shoot, or wrestle with one another, and, without inconsistency, give our preference—since men will quarrel and fight—to that mode of fighting which entails the minimum of evil and supplies the maximum of good. Regarded in this light, as a vent for the combative propensity of mankind, it cannot be denied that the English prize-ring is entitled to the post of honour. It is certain that we all think so, although it is conventionally held to be very shocking to say as much. For some weeks past TOM SAYERS has been the most popular man in England, and JACK HEENAN the most interesting, if not the most illustrious, stranger. The fact is notorious, that the encounter between these two men has attracted more universal and more eager attention than the Reform Bill, the Budget, or any one of the pressing political questions of foreign and domestic policy.

Of course we are all scandalized at the spectacle of two athletes dealing out to each other terrific blows, whose heavy "thuds" on the naked body are "heard over the whole field," in the presence of a crowd of backers, patrons, and partisans. But, this feeling having subsided, it is surely not unimportant to seek to explain the astonishing circumstance, that two men should, for upwards of two long hours, endure such fearful punishment, and yet walk about the next day as if nothing had happened. The great probability is, that if two ordinary men, unskilled, untrained, and unfettered by rules of fighting, meet in conflict, each bent upon placing his antagonist *hors de combat*, long before the expiration of one hour, the combatants will give in from exhaustion, or one will retire so injured, that he will be a permanent sufferer, or will have a tedious convalescence in prospect. The explanation lies in these four things:—First, the training or preparation; secondly, the courage brought to the encounter; thirdly, the skill possessed by the antagonists; fourthly, the subjection of the combatants to certain laws during the contest. Although, when estimating the result, it is difficult to assign the exact relative value of these four conditions in producing it, the preliminary training must be regarded with the greatest physiological and hygienic interest. By what means can a man be brought into such a wonderful state of muscular development, of lung-force, and of power of endurance, as was exhibited in the recent conflict? What is the method pursued in order to bring out this marvel of physical vigour? The answer may have its uses beyond the rearing of pugilists. The professors of the art accord, we believe, an enlightened respect to the precepts of Medicine. We are, however, unable to describe their practice from personal experience. It is understood that the plan pursued is varied, according to the condition and requirements of the individual in training. But the general system is somewhat as follows:—Diet and exercise are most scrupulously regulated. The athlete, who has, by indulgence or inaction, become too fat and short-winded, is thickly clad in woollen garments, and made to run long distances, frequently up-hill, until he perspires freely. He is then carefully rubbed with coarse towels. He also takes frequent baths, so that the skin is thoroughly cleansed, and made to perform its emunctory and other functions with the greatest perfection. He is submitted to a variety of exercises, such as sparring, the use of dumb-bells, and other means calculated to increase muscular development, and expand the chest. His principal food consists of beef-steaks and mutton-chops. The steaks are well beaten to render the muscular fibre more digestible; dressed in a frying-pan, diligently polished to exclude the chance of dirt, or other contamination; and cut into very thin morsels to facilitate mastication, and that minute subdivision which is conducive to perfect digestion. He is not restricted from beer, but is compelled to be moderate. Under a few weeks' subjection to this system, the puffy fellow, who could not run twenty yards without panting, nor receive a moderate blow without exhibiting bruises and extravasation, is disencumbered of all superfluous tissue, and brought into a condition capable of the greatest physical exertion and endurance. The regenerated athlete comes into the ring, exulting in muscular power and activity. Suppleness and force are revealed in every

movement. You have before you the ideal of the human animal personified. Nor is the result entirely one of animal excellence. The physical qualities of man can hardly be wrought to a high pitch without also evoking some of the moral good that is in him. The training itself implies mental as well as physical discipline. For a long time the pugilist—having his aim in view—possibly a bad aim—has exercised the most resolute self-denial. When he encounters his antagonist, that self-denial gives place to perfect self-control. We fear we must not divert the word chivalry from its ordinary acceptation to conflicts of this kind; but there is surely something akin to it in that unswerving and not ungenerous observance of the rules of "fair play," and that admirable command of temper under the most severe punishment, which are amongst the characteristics of the professional pugilist. Now when we remember that men and boys will quarrel and fight, it is impossible not to recognise the utility of some standard that shall serve to control and moderate the brutal passions of combatants. This we undoubtedly see. The laws of the ring exert their sway over the whole population, and unquestionably often prevent acts of cowardice and cruelty.

But quarreling and fighting are not the exclusive vices of civil life. They enter for a large part into the policy of nations. We raise twenty millions of taxes for the express purpose of maintaining tens of thousands of fighting men in the best condition, and armed with the best appliances for destroying their fellow-men. So long as nations shall owe their independence to their military virtue, so long must it be of importance not to suffer the pride of personal prowess, or the spirit of chivalry, to decay amongst the mass of the population. This mass supplies our armies. Can a soldier be made like an inanimate article of manufacture? Is it a matter of indifference whether the raw material be a man nursed in effeminacy, or one who has felt the influence of our national mode of combat? Is there not some relation between the vulgar combative peculiarities of the Saxon race and the upholding of our rights and *prestige* amongst the nations? It is surely a characteristic not altogether ignoble, or deserving of unqualified condemnation, that the Englishman should have cultivated a mode of fighting without weapons of any kind, and brought it to such perfection, that his bare fist is an object of terror, and often a sufficient defence against armed violence, abroad.

We are now training a volunteer force for the security of the country. Its effectiveness must greatly depend upon the personal physical accomplishments of the individuals composing it. As a gymnastic exercise, "glove-practice" has many advantages. There is, perhaps, nothing that gives greater freedom, dexterity, and power to the limbs. The rifleman may, therefore, learn a useful lesson from the pugilist, and, with advantage, imitate his hygienic training, and his mode of cultivating the physical powers.

DR. LETHEBY has presented to the Commissioners of Sewers a Report on the value of perchloride of iron as a means of deodorizing the sewage flowing into the Thames. He emphatically condemns the use of this agent as proposed by the Board of Works. The scheme will probably be abandoned. The agent itself, he says, is the wrong one. We add, that the mode and place of using it are also wrong. We repeat, that not a day should be lost in establishing deodorizing stations in the *periphery* of the sewerage system,—not alone near the outlets,—and that the precipitated sludge be removed as thrown down, allowing only the deodorized liquid to flow into the river. It is the discharge of the sludge and its deposition on the banks that is a main source of the stench.

WANT of space prevents us from doing more than direct attention to the Report of the Committee of the House of Commons on the Serpentine. The absurd project of filtering the water is, of course, condemned. Without indicating the source of supply, it is recommended to throw in fresh water so as to keep up a continual flow. The most essential step—that of cleansing and consolidating the bottom—is postponed until the Metropolitan Board of Works shall have completed the arrangements for the diversion of the sewage now flowing into the lake.

Medical Annotations.

"Ne quid nimis."

THE DISORDERS OF THE GAS-JOINTS.

WE are threatened with a new danger. The secrets of the gas are being dragged to light by an accomplished chemist, Mr. Thomas Spencer, and a dangerous system of poisoning is exposed. The gas is getting into the water! That is the nature of the charge which he prefers on behalf of the New River Water Company against all the metropolitan gas-pipes whatsoever. The iron mains of the water companies are calculated to last a century, and under ordinary circumstances their effective duration would persist for a period of a hundred years. As things are, the London streets are pulled to pieces every ten years that new pipes may be laid down. These sad effects arise from the water-pipes keeping bad company. The evil communications from the gas-pipes corrupt the iron of the water-mains.

A Gas Bill is now under progress in Parliament, and Mr. Spencer feels justified in bidding the gas companies mend, not their manners, but their joints. It is very clearly shown that the system of cast-iron socket-joints, caulked with hemp and plugged with lead, is quite ineffectual to prevent a constant leakage of gas. From this source it is calculated that the metropolitan companies average a loss of twenty-five per cent. of their whole manufacture. Their loss is nobody's gain. Gas is, like fire, a useful servant, but a bad master. Once out of the pipes it does nothing but mischief. Passing into the moist earth around, it appears to decompose the gypseous matters, liberating sulphur, and converts the moisture into an acrid alkaline fluid, which honeycombs the iron pipes, and changes the street earth into that foul and offensive product which the gasmen are constantly turning up in the streets, to the olfactory disgust and sanitary detriment of Londoners. The iron of the water-mains is transformed into plumbago, and, as an effect of increased pressure, precisely when the water is wanted at a night-fire, the pipes give way. Then, again, when the supply is shut off, and the water-mains become only partially full, the escaped gas penetrates their joints, and communicates its nauseous flavour and bad qualities to the water. The water and gas flowing thus in a mingled stream, servant girls, altogether unsuspected of any intention of setting the Thames on fire, have produced explosions by drawing water in the vicinity of a lighted candle, owing to the ignition of gas on opening the water-tap.

Mr. Spencer affirms a very serious and important proposition in relation to this gas leakage, when he shows that the horribly offensive effluvium arising from the banks of the Thames

is identical with that from the moist earth around the gas-pipes. Carrying out the investigations suggested by this observation, he examined the black Thames mud, to which undoubtedly so much of the foul stench of the river is due, and found it to be pregnant with sulphurous oxide of iron, emitting, at a high summer temperature, a fœtid gaseous mixture of carbonic oxide with sulphuret of carbon. The experiments and the chain of reasoning by which Mr. Spencer arrives at the conclusion that the stench of the Thames mud is due to the leakage of the gas are highly ingenious, although they perhaps assume too much. At least, it is certain that nearly one-fourth of the gas manufactured in London is wasted by the defective joints, and that this is not mere passive waste, but an active source of mischief, fertile in bad smells and injury to public health. They manage things better in Manchester, Leeds, and Liverpool; and it is extremely desirable that the gas companies should be compelled to adopt in London something like the "turned and bored" joints which universally avail in those great towns.

NATURAL SCIENCE AT COURT.

ALL the world knows that Professor Owen is now delivering a series of lectures on Natural History at Buckingham Palace, before her Majesty and the little people there. This event is not in itself very remarkable, since it is the privilege of greatness to adorn itself with the most recent triumphs of science, and to gather the latest news of natural discovery, no less than to profit by the highest developments of human power and skill in all other departments of labour. It is rarely that so distinguished a naturalist will consent to confine his prelections to an audience so limited; but, on the other hand, it is yet more rare that he should find willing and appreciative listeners of so distinguished a rank, and whose impregnation with a love of natural science may so favourably influence the progress of the science in this country. It is this consideration which gives to these lectures something more than a private importance. Physiologists and naturalists have long and not very successfully denounced the insufficient system of education adopted in all our public and private schools and in the universities—a system which makes the teaching of words and forms of speech a finality, and which ignores to an absurd degree all teaching of facts. The most highly educated of our university students, and the most commonplace lad leaving a middle-class school, enter upon life with more or less knowledge of French and Latin composition, and of algebraic and mathematical science, but wholly ignorant of the names of the thousand objects of Nature which surround him, unversed in the laws by which he lives and breathes, and unacquainted with any detail of the structure of his own frame or of that of any living creature. He falls an easy prey to vicious pleasures, because he has no power to derive amusement from the myriads of natural objects which surround him. They are beautified for his inspection, but his instructors leave him to regard them with the vacant stare of untaught dulness. He becomes the early victim of every kind of charlatan, because no man can talk to him nonsense so gross but that his ignorance will swallow the fabrication. Probably fashion and example may now lend valuable aid to reason and argument in enforcing the teaching of natural science in schools and families, in a manner which will at once inform and discipline the mind.

THE NEW ORDER OF DENTISTS.

Finis coronat opus. The new organization of the dental profession is now fully established. On Monday last the London School of Dental Surgery was opened in Soho square. At this institution no attempt will be made to teach other branches than those which pertain specially to dentistry; and the school has been organized in connexion with the Dental Hospital of London, in order that practical instruction on subjects specially pertaining to dental surgery may be accompanied by systematic teaching, under the conditions enjoined in the curriculum issued by the College of Surgeons. The courses will be delivered by three eminent dentists—Mr. G. A. Ibbetson, F.R.C.S., F.G.S.; Mr. Samuel Cartwright, jun., F.R.C.S.; and Mr. Robert Hepburn. A course on "Metallurgy in its Dental Relations" will be delivered by Mr. G. H. Makins, M.R.C.S., F.C.S. The regulations recently issued by the College of Surgeons, relating to the professional education of candidates for examination in Dental Surgery, require that the candidate be twenty-one years of age, and have studied four years, during which he must have attended two courses of Anatomy, and one of Physiology, Surgery, Medicine, Chemistry, Materia Medica, and Chemical Manipulation, with nine months of Dissection; two winter sessions of Practice of Surgery and Clinical Surgery; special dental courses, such as those of the London School of Dentistry; three years of practical application to Mechanical Dentistry, and two years of Dental Practice at a general hospital or a recognised dental hospital, such as that attached to the above school. Thus the system of education for respectable dental practitioners will henceforth be uniform and sufficient. This curriculum implies four years' application to study, certainly not too prolonged a period for initiation into any profession. The status of those who comply with the regulations will be clear and defined; they will have fairly and fully vindicated their social and professional dignity, and will take the honourable rank which belongs to their profession when followed with dignity and propriety. Their privileges will in no way trench upon those of the members of the College of Surgeons, with whom they cannot, and need not in any case, desire to be confounded. There have been bitter heartburnings and unseemly strife about this matter, stirred up by those who preferred to value themselves by their own standard, and were anxious to prevent the promulgation of any uniform and severe test. But the advantage of collegiate tests for professional capacity does not need defence. It is still open to those who shrink from their application to adopt any independent system of their own. This will be judged at whatever its true value may be. There can be little doubt that in the end all respectable dentists will apply for the recognition of the College of Surgeons.

THE STUDENTS' AGGREGATE MEETING.

THE medical schools are carrying out their movement in aid of Poor-law Medical Reform with remarkable energy. Mr. Pigott will take the chair at St. Martin's Hall on Tuesday next at an aggregate meeting of the medical students of the Metropolis, when a vigorous demonstration is anticipated in behalf of the Bill now pending in the House of Commons. This Bill has met with sudden and powerful opposition from the boards of guardians throughout the kingdom, who unhappily adhere to the parsimonious and mischievous system now prevailing, and are petitioning with rapid unanimity against any such measure of relief. If this meeting be largely attended by the students, and especially also if, as is hoped, the leading practitioners of the Metropolis and the Poor law medical officers indicate their sympathy by attendance in large numbers, then considerable service may be rendered by the demonstration. We are informed that the following resolutions will be moved:—

"1. That the existing system of Poor-law medical relief is fraught with dangers which call for immediate relief.

"2. That the present system grievously injures the efficiency of the relief afforded, by crippling the resources, limiting the powers, and lowering the standard of skill among the administrators of that relief, and that the remuneration afforded is inadequate to the labours which are demanded of them, the skill which they should possess, and the expenses incidental to their position.

"3. That as the grievances set forth also injuriously affect the medical care and well-being of all the poor throughout the

kingdom, they are well deserving the attention of Parliament.

"4. That the Bill introduced by Mr. Pigott, M.P., and now before the House of Commons, is, in the opinion of this meeting, calculated to remedy many of the present evils complained of, by affording more efficient relief to the sick poor, and by improving the position of the medical officer.

"5. That a petition be signed by the Chairman and delegates on behalf of this meeting, and presented to the House of Commons, in favour of Mr. Pigott's Bill."

SURGEONS IN ARMS.

THE surgeons of the Guernsey Militia have been placed in a very painful position by the inconsiderate act of General Slade. The whole medical staff of the Militia have been passed over, and a homœopathic practitioner has been appointed staff-surgeon over their heads. The eleven surgeons thus insulted are Drs. Hoskins, De Lisle, Mansell, Collinette, Lukis, Roberts, G. Carey, F. Carey, and Messrs. Corbin, Bisson, and Thurston. It is understood that General Slade has acted in this matter from feelings of personal friendship, the homœopathist being his private medical attendant. Personal friendship cannot, however, justify an insult to the officers under his command. It is known that homœopathists are regarded by the orthodox practitioners as mere adventurers. It is very well known that they cannot associate professionally with these persons, and that a rule of professional etiquette prohibits them, even if inclined, from holding any relations with homœopaths. It is only by refusing to recognise these persons that the legitimate practitioners are able to repudiate a connexion with our ranks which, "the fallen" pretend before the world is maintained. It is a measure of simple self-defence. The attempt to abuse the rules of the public service by thrusting a homœopath into military medical rank cannot be endured. The surgeons have taken the only step which they could adopt under such circumstances: they have tendered their resignations. They cannot be expected to keep homœopathic company; and they would not have done their duty if they had retained their appointments under such conditions.

ST. THOMAS'S HOSPITAL.

OUR attention has once or twice been called by correspondents to changes rumoured as impending at St. Thomas's Hospital. So long, however, as these changes were only in progress, we could not feel justified in adding any fresh source of embarrassment to those which always attend alterations, even the most judicious and satisfactory. But since we are now informed, on good authority, that enough has been done to remove all necessity for silence, and that nothing but the formal confirmation of the authorities is wanting to render these changes "*des faits accomplis*," we are glad to award them that publicity which the interest attaching to the above institution, as one of the oldest and wealthiest of the London hospitals, would naturally claim at our hands.

We believe we are correct in saying that an impression prevalent last summer, to the effect that the Hospital had been bought up for an adjacent railway, and would forthwith be removed to the neighbourhood of Blackheath, checked for a time the steady increase of the prosperity of the School. Instead, however, of merely denying the rumour, the authorities have sagaciously used the opportunity this casual interruption to the progress of their School afforded them to institute a thorough inquiry into the various details of its arrangements. That inquiry has issued, as might have been predicted beforehand by any one not absolutely insensible to the drift of professional conviction, in the affirmation and working out of two principles, which the circumstances of this Hospital had hitherto left more undeveloped than seemed desirable. The first is, that the proper clinical teaching of any number of pupils demands the chief, if not undivided, energies of a large staff. The second, that lecturing, on the present system, is a work in which it is desirable periodically to enlist an accession of teachers with more energy, as well as time, to bestow upon it than can generally be given by men already high up in the profession, and perpetually claimed by private practice or by numerous other appointments.

At least these are the conclusions we draw from the new programme of the School of St. Thomas's Hospital. Dr. R. Bennett and Mr. South resign their lectureships on Medicine and Surgery, retaining their posts in the Hospital, and the duties of clinical teaching associated therewith. Dr. Peacock in Medicine, and Mr. Clark in Surgery, fill the vacancies thus made in the systematic lectures. Mr. Sydney Jones is the sole lecturer on Anatomy. Dr. Brinton resigns his lectureship on Forensic Medicine, to take the whole course of Physiology; Mr. Grainger, we deeply regret to state, being compelled to retire in consequence of impaired health. Dr. Bristowe resigns Botany to lecture on Materia Medica. Dr. Stone and Dr. Clapton take the vacancies left by the two latter gentlemen—the former, Forensic Medicine; the latter, Botany. The tutors are Mr. Allingham and Mr. Gervis. The other posts are filled as before.

It is further understood that the Hospital staff is to be increased by at least two new members: Dr. Brinton as Physician, and Mr. Sydney Jones as Assistant-Surgeon. The latter office is one which it has been found that the emergencies of so large an hospital render it unusually important to have filled by a highly qualified man living on the spot; and his duties are alleged to be practically so far those of an assistant as that it is desirable to retain this title, which is no longer applicable to even the youngest of those physicians to an hospital who have the independent charge of a large number of beds.

Most, if not all, of these changes are such as commend themselves to the approval of the professional public, the more so that those behind the scenes can have had no motives of interest, as opposed to duty, in suggesting and effecting them. It is especially satisfactory to find that an institution, which has once or twice shown its impartiality by admitting to its appointments merit educated elsewhere, can yet fill up so large a proportion of vacancies from its own former students. The favouritism and the treachery—for that is really the word—which have in the last few years brought such deep disgrace on some other hospitals seem to have found no abiding place in the great hospitals of the City. Errors may have sometimes been committed, and motives of a lower kind not altogether excluded. But though appointments may not be made in the Borough exactly as they might be in Utopia, it is curious to find the City, with all its alleged abuses, incomparably more pure and honest in all that relates to these great medical corporations which it governs and manages, than institutions, some of which, placed midway between sapience and sanctity, seem so equally impressed with the rival claims of the two qualities as to be reduced, like the ass in the schoolmen's fable, to a perpetual abstinence from both.

On public grounds we wish well to every such attempt as that by which it is now endeavoured to bring one of our oldest and best hospitals into stricter conformity with the spirit of the age; our duty, however, as journalists is more trite and useful than that of mere congratulation. That monopoly of position which THE LANCET has been one of the chief instruments of destroying in hospitals and their cliques practically exists no longer. Time has done much, and circumstance more, to break up the sordid compacts which heretofore foisted schools, hospitals, and families, upon the profession with all the prolific energy and vegetative repetition characteristic of the lowest forms of animal life. The younger institutions now rival the elder in all that really makes efficiency for the profession and the public. From Paddington to Whitechapel we find hospitals of sterling merit, and at least the germs of

excellent clinical instruction in all departments of professional knowledge. And if not even an alliance between Theology and Physic, between the gravest sanctimony in theory, and the most unscrupulous partizanship in practice, can save another Medical College from falling to its true level, we may surely be excused for reminding St. Thomas's that it must look for its prosperity, neither to old traditions nor to new arrangements, but solely to a continuance of those labours, and that usefulness, by which it has reached its present eminence, and by the further prosecution of which it can alone hope successfully to compete with the great neighbouring Hospitals of Guy and St. Bartholomew. That it may do so in its new career, and thus justify the laudable efforts now made by its zealous committee and governors, is our hearty desire; echoed, we doubt not, by many of its old pupils as they view these improvements in prospective.

Coincidently with the above changes, it is proposed to introduce at this Hospital a new system of training nurses. The details of the plan will be laid before our readers.

ROYAL MEDICAL BENEVOLENT COLLEGE.

THE eighth anniversary dinner, to celebrate the foundation of this excellent institution, was held on Thursday evening, the 26th ult., at the Freemasons' Tavern. Lord Leigh presided, supported by several distinguished gentlemen. About one hundred and fifty sat down to dinner. After the usual loyal toasts had been drunk with great enthusiasm, the toast of the evening was given in a very effective speech by the Chairman. He dwelt earnestly on the claims of the profession to the support of all classes of the community. He likewise paid a high tribute to the labours and character of the founder, Mr. Propert, a sentiment which was received with great cheering. After showing that the institution was progressing in prosperity, he called for further contributions to enable the Council to extend the benefits of the College, and secure an endowment fund. Several excellent speeches were made in proposing and responding to the different toasts. The Rev. Dr. Irons took occasion to address some eloquent observations to the meeting respecting the claims of Poor-law surgeons to higher consideration and remuneration. We were gratified to hear the rev. speaker advocate a system first recommended in this journal—namely, that the recipient of medical relief should, under proper regulations, have the privilege of choosing his own medical attendant, and the nearest if he thought proper. Dr. Irons had come to this conclusion from long experience of the wants and wishes of the poor. He felt convinced that, if carried out, it would act most beneficially to all parties concerned. He, moreover, stated that he had always chosen medical practitioners as his churchwardens, not merely as a mark of his esteem for the profession, but because he had always found them most valuable assistants in carrying out his plans for ameliorating the condition of his poorer parishioners.

The evening altogether was very interesting and agreeable, and a large sum of money was announced in subscriptions and donations. It was the general feeling of those present that the Medical Benevolent College claimed at the hands of the profession the most earnest and energetic support, and that Mr. Propert was entitled to the lasting gratitude of his poorer brethren. It was satisfactory, in the course of the evening, to hear from the head master of the school that the pupils of the establishment had not only conducted themselves in an exemplary manner, but that some of them had greatly distinguished themselves in the public competitive examinations.

It is most gratifying to state that the utmost cordiality now appears to prevail amongst the governors respecting the mode in which the school is conducted in every particular, and we have good reason for saying that the scholastic department of the Medical Benevolent College can well sustain a comparison with those of other great public institutions. This is no small praise, when we recollect that a first-class education is to be obtained for a sum scarcely more than a half of that which must be expended for the same privileges at the various public schools.

In conclusion, we may heartily echo the sentiment of Lord Leigh, which was responded to with universal and reiterated cheering: "Prosperity to the Royal Medical Benevolent College!"

Correspondence.

"Audi alteram partem."

MEDICAL REFORM, THE CORPORATIONS, AND "THE LANCET."

To the Editor of THE LANCET.

SIR,—Permit me to congratulate you, as the principal agent, and indeed as the founder, of Medical Reform, on the present position of the profession. THE LANCET, from its earliest number, has been the consistent, energetic, and unswerving advocate of the rights and privileges of those who are called "general practitioners." It has pursued through bad and good report its undeviating course. It has neither been intimidated by opposition, nor cajoled by interested flatterers. It has been the hope and the mainstay of the great mass of my brethren. When the one-faculty system, so ably advocated by yourself, was first enunciated in your pages, it was sneered at by some, and by most regarded as an Utopian fallacy; but it was founded on the principles of justice. For years the question seemed to be in abeyance; but you, Sir, with an unerring foresight, not only of its equity, but of its necessity, have never ceased to urge upon your professional brethren the certainty of its attainment. Thousands of those who now read your pages know little or nothing of the difficulties and dangers which you have successfully encountered. But those who, like myself, are familiar with the history of Medical Reform, must be desirous of awarding to you the great merit of having been the pioneer of those changes in our social and political system which have contributed so much to the advancement of the great body of medical practitioners. It has become the fashion of late to eulogize or condemn, as suits the purposes of certain bodies or individuals, the proceedings of various colleges and corporations. But let me, in the name of the profession, strip off all extraneous coverings from the statue of Reform, and place it fairly and unadorned before the gaze of the world.

Some of the medical corporations have been eulogized for the adoption of the principles of which you for so many years were the sole advocate. Knowing, as I do, the motives which actuate these bodies, I am not one of those who join in approving chorus. They are, as they ever were, selfish, exclusive, and opposed in spirit to the interests of the great body of their constituents. They opposed reform upon every occasion when they believed it was prejudicial to *their* interests. It is not necessary now to recall the recollections of the struggle for their just rights upon the part of the licentiates of the Royal College of Physicians. Those rights, only partially awarded after a long and energetic struggle, were wrung from the selfish College, not because the claims were acknowledged, but in consequence of the danger to which it exposed itself by continuing longer to oppose the just demands of those it had previously ignored. In the same way the Fellowship of the College of Surgeons was extorted from the corrupt Council of that body; but, true to its principles, the Council so fettered the Fellowship, and its privileges were hedged in as it were by such a spirit of monopoly, that its otherwise good effects were frustrated and rendered inoperative. The Fellowship, however, is obnoxious to a more serious charge than this. It is justly chargeable with being merely a subterfuge; that it

is merely a machinery which professes to have been instituted for generous principles, while it is in reality that worst of despotisms, the tyranny which works with the machinery of freedom. Has it, with one or two exceptions, contributed to the representative principle? Look how it has operated in the election of the members of the College Council. The Fellows are called together annually to participate in the farce of re-electing some or electing others to the Council. Upon what grounds do they found their choice as to re-election? They are in total ignorance as to the part which the candidates play in the deliberations of the Council. Those deliberations are secret. A constituent knows not whether the candidate of his choice has been the advocate of the great interests of the profession, or the "patriot" who has been cajoled or intimidated into the opponent of all reform. The new member may be sent to the Council chamber as a supposed good and faithful representative; but his conduct the moment he enters into that dark and inscrutable apartment defies criticism, and shields itself beneath the cloak of irresponsibility. In the crisis of the medical profession of 1815, the College of Physicians ignored the general practitioner. It refused to acknowledge his claims to be regarded as a member of the medical profession, and handed over his interests and his future position to a company of druggists. It was, no doubt, for the interest of the general practitioner that the College of Physicians refused at that time to be "contaminated" in any way with the regulation of his education. It is only an act of justice to the Society of Apothecaries to say, that they have fulfilled their duties in a most exemplary manner. They have elevated the "apothecary," by education at least, into the position of being the successful rival of the "physician." Events of late have crowded upon us. The Medical Act uprooted the foundation of absurd and injurious monopolies. It struck terror into the hearts of the anti-reformers; it convinced them that if the medical corporations were to exist they must conform to the requirements of the age. Adventitious distinctions and antiquated privileges were destroyed by the Medical Act. The "inferior grade" seized the opportunity of shaking off their connexion with the trading body. Hundreds enrolled themselves as physicians under the liberal regulations of the Edinburgh College. That College was taunted as being influenced by low commercial motives; it was charged with attempting to subvert the true principles of medical government. But it was, in fact, destroying the invidious distinctions which anti-reformers declared should ever exist between different members of the profession. Now, what do we see? The College of Physicians of London—not with a generous sympathy in the interests of general practitioners, but in a counteracting spirit of "commercial enterprise"—have determined on admitting the general practitioner as a licentiate of their body. It is true that they wish to make this licentiateship the badge of an inferior tribe—they still hanker after antiquated distinctions and exclusive privileges; but, like the half-ruined gamester, they play a desperate game. Call the licentiate by what name you may; seek as you will to place him in an inferior position, he will no longer be an apothecary; in name, in law, in equity, he will be a physician. The one-faculty system is inaugurated; monopoly is overthrown; selfishness has succumbed to necessity; truth has prevailed, error has been eradicated, and the principles of THE LANCET have become triumphant.

I am, Sir, yours, &c.,

May, 1860. AN OLD MEDICAL REFORMER.

POOR-LAW MEDICAL REFORM ASSOCIATION.

[LETTER FROM MR. GRIFFIN.]

To the Editor of THE LANCET.

SIR,—In the comments appended to my letter in your journal of April 21st, you say, in reference to Clause 38, "That the Poor-law medical officer is to be paid five shillings and mileage for depriving a brother practitioner of two guineas." This is certainly a rather startling view of the question; but is it a fact, or a mere assertion? Preliminary inquiries are no unusual things with Coroners at present, and we not unfrequently find them, or their deputies, calling upon medical men and saying, "—— is dead; he was found dead in his room. I hear you attended him, (or were sent for at his death, as the case may be.) From what you know of the deceased, I suppose you consider he died from natural causes?" He thus gets our opinion, and, in return, simply thanks us. Would a preliminary inquiry by a medical man be worse for the profession than this?

On Sunday morning, the 22nd inst., I met a policeman with a stretcher, and was informed he was going for a body, which was then lying in the back water. I accompanied him, and superintended its removal. I examined the body, without, however, removing the clothes, and found both hands were off at the wrist-joints, and the body in an advanced stage of putrefaction. I felt sure the Coroner would send for me to complete the examination, and give evidence; he, however, did not do so, but the jury, without any medical opinion, brought in a verdict of "Found drowned, but how he got into the water there is no evidence to show." In this case, of course, a preliminary inquiry would not have been held, but the Coroner at once sent for; but had a preliminary inquiry taken place by a medical man, I certainly should not have been worse off than I now am, and I think the public would have been better satisfied.

This clause is not a question between one branch of the profession and another, but between the Coroners and the profession. My own opinion is, that the Coroners will be gainers rather than losers by Clause 38 becoming law; they certainly will not then be accused of holding unnecessary inquests if they are requested to do so by the medical man.

You ask, "With whom did the idea of Clause 38 originate? Probably Mr. Griffin will be so kind as to inform the profession." If I were to say the idea originated with myself, some of my brethren, perhaps, might dispute it; the clause, at all events, now belongs to the profession, as they have adopted it, which is proved by the fact that it was in the draft Bills of 1857, 1858, 1859, and that of 1860, which is now before Parliament. You, Sir, also had copies of all these drafts sent to you at the time they were issued. It is therefore hardly fair that I should now be attacked about a clause which for four long years has been before the Poor-law medical officers and yourself, and up to the present time has never been questioned; though, I can assure you, comments have been made upon it quite in its favour, and as one much needed to check crime and bring to light many a foul deed which now passes unheeded. There will shortly be a meeting of the Committee, who will doubtless take your remarks into consideration. My endeavour is to carry out the wishes of the body at large; of individuals I will not speak, for to please all is impossible.

I am, Sir, yours, &c.,

Royal-terrace, Weymouth, April 23rd, 1860. RICHARD GRIFFIN.

*** If we refrained from noticing the objectionable clause in the manner stated by Mr. Griffin, it must satisfy him, we think, that we had no desire to find fault with any portion of his measure. We can also assure him that on this occasion we had not written a word on the subject until our attention had been directed to the clause by some gentlemen who had addressed us in very hostile terms respecting it. We certainly had not for a moment considered that any section so thoroughly objectionable and dangerous to the public could ever become a portion of a Statute professedly devoted to the provision of an improved system of medical relief for the poor. Mr. Griffin complains that the statement we have made is simply an assertion; but it is strictly the assertion of a fact. Let us supply a case as an illustration, and many of the same kind will be instantly suggested to the minds of all medical practitioners of any experience in the profession:—

A. B. is found dead in bed. He has had no medical attendant for months, or probably for years. The nearest surgeon, who may reside five or six miles off, is sent for; he promptly attends, and finds that the man is dead. As he is altogether unacquainted with the cause of death, he declines to give any certificate. An application is made to the registrar, who issues his order for the attendance of the Poor-law medical officer of the district, who attends, grants a certificate that the death has been produced by natural causes, and receives his 5*s.*, and 1*s.* a mile for the distance he has travelled. The death is registered, and no inquest held. What is paid to the surgeon who, on being sent for, travelled ten, twelve, or fourteen miles, and was the first medical practitioner who saw the body after death? The reply may be given in one word—Nothing!

The danger to the public of such a practice as the objectionable section of the Bill proposes to legalize would be at once enormous and absolutely fearful. The security to the public

under the present system arises from the making of a post-mortem examination by the practitioner who first sees the body after death.

The thing called an inquest to which Mr. Griffin refers was no inquest at all; it was even worse than a farce. Further, we may observe that no Coroner acts correctly in asking a surgeon for his opinion in such a case except *on oath before a jury*, and after a post-mortem examination has been made in conformity with the "order" directed by the Statute 6th and 7th William IV., cap. 89.—ED. L.

To the Editor of THE LANCET.

SIR,—You may well ask from whose brain Clause 38 of Mr. Griffin's Poor-law Bill emanated. Such an attempt at monopoly in favour of a class, at the expense of the rest of the profession, is not to be suffered. But, Sir, you will perceive that Clause 37 has precisely the same bearing. Boards of guardians are not the boards of health, where such are established. In the provinces, guardians spread over a great extent of country, whereas boards of health are composed of inhabitants of a town or of a small district. Unless Mr. Griffin withdraw these two clauses (37 and 38), it is to be hoped that non-union medical practitioners will use all their influence in opposing his Bill, both with members of boards of guardians and those of the House of Commons.—I am, Sir, yours &c.,

April 24th, 1860. MEDICUS.

THE LARYNGOSCOPE.

To the Editor of THE LANCET.

SIR,—The last-born of the numerous family of "scopes" has been recently presented to the medical public in Paris by its progenitor.

The instrument in question is the Laryngoscope, an invention the chief merit of which belongs to Dr. Johann Czermak,* Professor of Physiology at the University of Pesth. The internal exploration of the larynx and trachea, whether for the purpose of pathological investigation or of physiological demonstration can be very completely effected by this contrivance, which is in construction uncomplicated, easy of application, and by no means ruinous in price.

Two modifications of the instrument exist: one for the examination of patients; a second for class purposes, and the demonstration to pupils of the internal arrangement of the throat and its neighbourhood. For the examination of a patient, the apparatus consists of two mirrors only: one is a circular, concave reflecting surface, with central hole, and three inches and a half in diameter (a large ophthalmoscope, in fact); this is mounted in such a way as to enable the operator to hold it between his teeth, the hole in the mirror presenting itself before his eye; a second reflector, called the speculum,—a small, plain, diamond-shaped mirror, of polished steel, and fixed at an obtuse angle to a slender shank,—completes the apparatus. The rays of a lamp caught by the circular concave mirror, are concentrated and thrown upon the speculum, which has been previously slightly warmed and placed in the throat under the uvula at the desired inclination. The whole of the interior of the larynx, and more especially the chordæ vocales, are seen with astonishing clearness, and the changes and movements of the organ, during respiration and vocalization, can be studied with the most perfect exactitude.

For class purposes, or for the examination of one's own throat, an additional mirror is requisite. This is of the ordinary description, and is about four inches long, by two inches and three quarters broad, and, for convenience, can be mounted on a stand, though sometimes it is held in the hand. Its use is to reproduce the image depicted on the speculum.

At Vienna, the cost of the instrument complete is from thirty to thirty-five francs; and I hear that some have been ordered in Paris.

For the various uses and applications of this really curious invention, the student will do well to consult a little pamphlet recently written by Dr. Czermak, and published by Wilhelm Engelmann, of Leipzig, entitled "Kehlkopfspiegel."

Thinking that the introduction of the speculum into the throat must be very disagreeable, and productive of inclination to vomit, I requested the Professor to examine my chordæ vocales. In consequence, I can bear testimony to the very slight amount of inconvenience occasioned by the *skilful* introduction of the mirror.

I am, Sir, your obedient servant,

Paris, April, 1860. D. C.

* The idea, however, of the possibility of exploring the interior of the larynx by means of a reflecting mirror originated, I believe, with the late Mr. Liston.

A SANITARIUM AT HONG-KONG.

(LETTER FROM DR. M'GRIGOR CROFT.)

To the Editor of THE LANCET.

SIR,—An article in your journal of April 14th, remarking on the decision of the Secretary of State for War for the organization of a sanitarium and invalid establishment at the Cape of Good Hope for sick and disabled troops from China, induces me to ask permission for the insertion of a few suggestions relative to a temporary building of the same class at Hong-Kong.

This island, now a British dependency, is well known to all readers interested in China. I need not describe it, further than that it is mountainous and barren. Victoria, the seat of Government, is situated at the base of a steep rock. The highest point, called Victoria Peak, is 1200 feet above the level of the sea. The town is shut in from the fresh summer breezes of the south-west monsoon, the heat being therefore intolerable; to use a descriptive expression, it is compared to a "furnace by day," cooling towards the morning, when the early sun brings back the original temperature. Chuc-Choo and Siwan, two outposts, used to be garrisoned by troops; both spots were notoriously unhealthy.

During several years' residence, I observed that many of my military friends enjoyed remarkably good health, particularly General Jervois, Commander-in-chief. Morning or evening walks were invariably taken by most of these officers, and a favourite "constitutional" was by ascending a circuitous path at the rear of the town to the "Gap" or "steamer look-out," halting on the table-land (a view from this elevation being grand). An easy incline from this for two miles enabled them to reach the pretty village and harbour of Aberdeen, a Chinese fishing station on the sea-side; and by continuing westward, a healthy walk of between four and five miles brought them back to Victoria.

Frequently, when my arduous duties permitted, did I accept an invitation to join the pedestrians; and on arrival at the "Gap," the sensation of relief from the "oven below" was beyond imagination. The fresh, invigorating breeze from the sea enabled us to return with a keen appetite.

Now I have reason to believe that about this veritable "Gap" invalid soldiers would feel the benefit of this invigorating air. The ground towards Aberdeen is an undulating slope, and in my opinion a valuable spot as a summer sanitarium. Water, cold, sparkling, and bright, is abundant. It is a curious fact, though the Peak is only about sixty feet higher, a stream of water flows constantly from it, and in the small pools at this elevation tiny fish are observed swimming about.

I feel confident this spot could be turned to valuable account. A temporary building for the sick would test my opinion; but in the erection of such, it is well known amongst the Chinese that the excavation for a foundation leaves an unhealthy odour for some time, and unless exposed to the atmosphere and sun, would induce fever; and no Chinaman will sleep on a ground-floor at Hong-Kong if he can help it.

The locality near the "Gap" would be sheltered from the north-west gales or a typhoon by a small range of hills. The soil, if I recollect rightly, is very good up there—the verdure more natural; and as vegetables would grow there easily, the invalids sent up from the magnificent but ill placed Military General Hospital at Victoria could amuse themselves by making gardens.

In erecting a building, I have no doubt the engineer and medical departments are aware of my remarks about the soil; but free ventilation and good drainage beneath the ground-floor are indispensable.

I do not question a sea voyage being superior to my proposition, but, as a temporary means, it may save many a poor soldier leaving his bones in the "Wan-i-Chong Valley" or "Vale of Death"—the graveyard of Hong-Kong.

I could interest my readers further on this subject, and point out, from experience and observation, why certain spots are unhealthy, and others, not fifty yards away, the opposite; but I must not trespass on your columns.

I am, Sir, yours obediently,

J. M'GRIGOR CROFT, M.D., M.R.C.P. Lond.,
Late of H.M. Ceylon Rifles at Hong-Kong and Staff-Surgeon.

Mandarin Villa, Abbey-road, St. John's-wood, April, 1860.

IODIDE OF POTASSIUM IN LARGE DOSES.

To the Editor of THE LANCET.

SIR,—A writer in THE LANCET of April 21st surprises me by saying that he has "never been able, in public or private practice" (in England of course), "to go beyond half a drachm a day, in three equal doses," of iodide of potassium; and attributes the greater tolerance of the drug by Frenchmen to "climate and nationality."

May not the difference which he has observed in the effects of the agent be attributable more probably to the mode of administration?

I think I could quote for him a hundred cases in this hospital (of secondary symptoms, gonorrhœal rheumatism, indolent buboes, &c.) within the last two years, where iodide of potassium has been used in *scruple doses three times a day*, with perfect tolerance, and without any unpleasant symptoms either attending or following it, when given in the way recommended by Mr. Acton*—namely, largely diluted in a tumblerful of an extempore bitter infusion, and backed up with a full diet.

I am, Sir, yours most obediently,

D. STEWART, M.D.,
Depôt Staff-Surgeon.

Warley, April, 1860.

* Vide page 363 of his Treatise on Urinary Organs, 2nd edit., 1851.

MEDICAL TRIALS.

VICE-CHANCELLORS' COURT, APRIL 28TH.

(*Before* VICE-CHANCELLOR SIR W. P. WOOD.)

COX *v.* THE PRINCIPAL AND COUNCIL OF QUEEN'S COLLEGE, BIRMINGHAM.

SIR HUGH CAIRNS and Mr. FREELING moved, *ex parte*, for an injunction in this case to restrain the defendants from closing, or allowing to be closed, the medical department of Queen's College, Birmingham, and from refusing to receive the students thereof upon their return to the College for the ensuing term.

The bill, which was filed by the professor of surgery in the College, after stating the royal charters under which the College was founded, and the bye-laws for regulating its affairs, stated that on the 17th of April a meeting of the Council of the College was held, at which a resolution was carried by the casting vote of the chairman for closing the resident (medical) department during the ensuing term, which was to commence on the 1st of May, on the ground of an alleged deficiency of funds. The plaintiff, who submitted that the resolution was irregular and not warranted by the bye-laws, and that great and irreparable injury would arise to the College and to himself if the medical department were closed for the ensuing term, had filed his bill against the principal and Council, and now moved, *ex parte*, for an injunction.

The VICE-CHANCELLOR granted an interim injunction, extending over the next seal-day, upon the usual undertaking by the plaintiff as to damages.

THE LONDON SCHOOL OF DENTAL SCIENCE.

THE inaugural meeting took place at 32, Soho-square, on the evening of Monday last, under distinguished auspices, and was very fully attended.

Mr. SAMUEL CARTWRIGHT delivered a very able address, the principal subjects of which were, the present state of dental surgery and its future prospects—such as it is hoped they will be when the late measures adopted by the College of Surgeons shall have come fully into play. Mr. Cartwright alluded to the want of a recognised system of education heretofore and its consequences, and to the advantages which will accrue to those who are pupils by the practical knowledge they will acquire of their profession in the operating-room of the hospital and the lecture-room of the school previous to their commencing practice. He judiciously defined the legitimate connexion between surgery and dental surgery, and stated the reasons why the dentist should be acquainted with general anatomy and physiology, as well as the principles of medicine and surgery; and referred to the value of the Dental Hospital and School as places for professional statistical record. After a few words specially directed to those who have entered as pupils—urging them to consider the calling they have selected as a pure and honourable profession, and strictly to uphold it as such,—the address was concluded as follows: "Those who, whether members of the College of Surgeons or not, devote their time and energies to the diseases consequent on the depraved condition of the teeth, are not likely to practise as surgeons or medical practitioners; but they know from experience that the practice of dentistry, special as it may be, cannot be carried on with credit or efficiency without a knowledge of the principles of surgery and an intimate acquaintance with anatomy and physiology."

The rooms were filled with microscopes, preparations, models, instruments, &c., which were objects of interest to the visitors after the address. The lecture was heard with great attention and well received throughout. Amongst the gentlemen present were the majority of leading dentists in London and many from the provinces. We noticed Mr. Tomes, Mr. Saunders, Mr. Rodgers, Mr. Bigg, Mr. Ibbetson, Mr. Sercombe, Mr. Underwood, Mr. Adolphus Hart, Mr. Parkinson of Brighton, Mr. Oxley of Leeds, Mr. Martin of Portsmouth, Mr. Palmer of Cheltenham, Mr. Bridgman of Norwich, and others. Amongst the visitors not dentists we observed Mr. Coulson, Mr. Partridge, Mr. Hilton, Mr. Ure, Mr. Shaw, Mr. Nunn, Mr. Flower, Dr. West, Dr. Hawkins, Dr. C. M. Babington, Mr. Dallas, and many others.

THE UNIVERSITY OF LONDON.

THE anticipation of the result of the election to the Senate is most favourable to the views of the medical graduates. The candidates nominated are Mr. Greenwood, B.A., Mr. Jessel, M.A., Dr. Miller, and Dr. Quain. The signatures to Dr. Quain's nomination-paper, as representing the medical element, greatly exceed in number all the others put together. Dr. Miller, having been appointed Examiner in Chemistry, is virtually disqualified; for within a few months of the present time no member of the Senate can hold an examinership. We are glad that it is so; for whilst we learn that the medical graduates fully appreciate Dr. Miller's personal and scientific character, they could not accept him as a medical representative. If there be need for the addition of a purely scientific member to the Senate, there are now two Crown vacancies, one of which may be thus very properly filled up.

Parliamentary Intelligence.

HOUSE OF COMMONS.

FRIDAY, APRIL 27TH.

CAVALRY CHARGES.

Mr. DRUMMOND asked the Secretary of State for War upon what principle a deduction of 8½*d.* per diem was made from the pay of the surgeon and the assistant-surgeon of a cavalry regiment for each horse kept by them for the public service, when the rate of pay of those officers was precisely the same as that of the medical officers of infantry regiments, who, under the 21st paragraph of the 1st of October, 1858, are expressly exempted from any such deduction, the words of the paragraph referred to being these, "shall not in future be subject to any stoppage out of their daily pay for any ration of hay, straw, or oats supplied for the horse or horses kept by them for the public service?"

Mr. S. HERBERT said it was quite true that those stoppages had been made, but the matter was under the consideration of the War-Office.

Poor-law Medical Officers: Petitions for the consideration of their case, from St. Luke's, Old-street; Kington; Kington Union; Cheltenham; officers of the Walsall Union; St. Thomas's Hospital, and the Newark Union.

Poor law Medical Relief: Copies ordered, "of all orders which have been issued from the Poor-law Board relative to medical relief, since the report of the Committee which sat upon the subject of medical relief in the year 1854." (Sir Wm. Miles.)

Coroners Bill, (Sir George Lewis): Second reading deferred till Wednesday next.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, April 26th, 1860.

Davies, Henry, Carmarthen, South Wales.
Jewery, George Overend.
Jeaffreson, Horace, Framlingham, Suffolk.
Rayner, John, Bedworth, near Coventry.
Bingrose, Ernest, Potter's-bar, Barnet.
Walker, Richard Pettifer, Birchfield, near Birmingham.
Wingate, Robert, Hareby, Spilsby, Lincolnshire.
Winkfield, Alfred, Bedford.
Wotton, Henry, Cavendish-square.

The following gentlemen also on the same day passed their first examination:—

Furner, Charles, Wigmore-street.
Stockwell, Frederick, Bruton, Somersetshire.

UNIVERSITY OF LONDON.—The following is a list of Examiners elected by the Senate for 1860-61:—*Botany and Vegetable Physiology:* J. D. Hooker, M.D., and Professor J. Lindley, Ph. D., F.R.S.—*Geology and Palæontology:* Prof. J. Morris, F.G.S., and A. C. Ramsay, Esq., F.R.S.—*Practice of Medicine:* A. Billing, A.M., M.D., F.R.S., and A. Tweedie, M.D., F.R.S.—*Surgery:* T. B. Curling, Esq., F.R.S., and Prof. Fergusson, F.R.S.—*Anatomy and Physiology:* F. Kiernan, Esq., F.R.S., and Prof. Sharpey, M.D., F.R.S.—*Physiology, Comparative Anatomy, and Zoology:* G. Busk, Esq., F.R.S., and T. H. Huxley, Esq., F.R.S.—*Chemistry:* Prof. W. A. Miller, M.D., and Prof. Williamson.—*Midwifery:* E. Rigby, M.D., and W. Tyler Smith, M.D.—*Materia Medica and Pharmaceutical Chemistry:* A. Baring Garrod, M.D., F.R.S., and G. Owen Rees, M.D., F.R.S.

THE LONDON HOSPITAL.—The 120th anniversary festival of this institution was held on the 2nd instant. The President, the Duke of Cambridge, filled the chair. It was stated that the annual expenditure averaged £17,500, and its fixed income is about £12,000; but that the hospital this year sustains a loss, through the lapse of the long annuities, of £1500 a year. To fill up this and other deficits, a strenuous effort has been made, resulting in the unexampled and magnificent collection of £23,849.

THE ROYAL SOCIETY.—The President of the Royal Society, Sir Benjamin Brodie, gave his second *soirée* for the season on the 21st ult., at Burlington House, Piccadilly. All the principal apartments of the noble mansion were thrown open, and a great number of very interesting objects in art and science were exhibited. Amongst those present were his Excellency the Greek Minister, his Excellency the Swiss Minister, the Earl of Ducie, the Earl Cawdor, Lord Chelmsford, Lord Wensleydale, the Lord Mayor, Count Strzelecki, Sir Charles Lyell, Sir Henry Holland, Sir Roderick I. Murchison, Sir Henry Ellis, Sir James Clark, Sir Charles Locock, the President of the College of Physicians; Drs. Booth, Roget, Sharpey, Watson, G. O. Rees, Tweedie, Arnott, Webster, Lankester, M'William, C.B., Grant, Chambers, Busk, M. Babington, Carpenter, E. Smith, Wright, Bence Jones, Cape, Fuller, Sieveking, A. Farre, Granville, Burrows, and Budd; Professors Wheatstone, Faraday, Weidemann, Morris, Brodie, Huxley, Westmacott, Rymer Jones, Bell, Bentley, Hosking, Miller, and Partridge; Messrs. Landseer, Graham, Acland, Savory, Hawes, Lethbridge, Mylne, E. Saunders, Glaisher, Harcourt, Tomes, Gulliver, Bloxham, Lister, J. Hogg, Solly, J. Hodgson, Stone, T. F. Gibson, A. G. Finley, Ravenshaw, Thomas Wakley, jun., Beamish, Wainwright, W. Bush, W. J. Hall, Romilly, Hilton, Locock, Powell, L. Reeve, Major, Grove, Leigh, Scholefield, Forsyth, &c. The company separated shortly before midnight.

HANDSOME DONATION BY A FRENCH MEDICAL PRACTITIONER.—Dr. Moulin has presented to the Benevolent Medical Society of the Department of the Seine sufficient capital for an annuity of £60, with the object of founding, at the St. Louis College of Paris, a scholarship to be granted to the son of a necessitous doctor of medicine or surgery, the latter being either living or dead, and a member of the Society or not. The Society has the gift of the scholarship every time it becomes vacant, and the first boy elected must enter the College in November next at the latest. The managing committee of the Society have made known that they will receive the names of the candidates up to the 3rd of July. The donor himself takes much interest in the election of the first boy.

ST. BARTHOLOMEW'S HOSPITAL.—Through the resignation of Dr. Hue, there is a vacancy for an Assistant-Physician at this hospital. The candidates announced are Dr. G. N. Edwards, Dr. Wallace, and Dr. Ingram.

SOCIETY OF ARTS CONVERSAZIONE.—The first conversazione of this session took place on the 28th ult., at the house of the Society of Arts, in John-street, Adelphi.

APPOINTMENT.—Mr. Reginald Harrison, late House-Surgeon to the Liverpool Northern Hospital, has been appointed House-Surgeon to the Liverpool Royal Infirmary.

PROFESSOR ROSTAN.—This favourite teacher has entrusted his clinical chair at the Hôtel Dieu, for the summer, to M. Aran, deputy professor at the Faculty, and physician to the St. Antoine Hospital.

M. ROBIQUET, professor at the School of Pharmacy of Paris, and well known by valuable chemical investigations and several highly esteemed scientific works, has just died at Paris, after an illness of only a few days. He sank under an acute affection of the abdomen, followed by intestinal perforation.

THE SERPENTINE.—On Monday last, the report of the select committee appointed to consider the best means of effectually cleansing the Serpentine was issued. "After much patient investigation," say the committee, "we have arrived reluctantly at the conclusion that the proposed filtration will not be effectual for the desired object; and that this cleansing process ought not to be carried on in one of the most beautiful spots of Kensington Gardens. We recommend, therefore, that the project of filtration be abandoned, and that the best available supply of fresh water be poured in, to such an extent as to produce some continual flow. Whenever the Metropolitan Board have completed their works for the diversion of sewage from the Serpentine, measures should be taken for rendering the bed of the lake clean and hard. We have not come to any conclusion as to the extent to which the mud ought to be removed, hardened, or covered; nor as to the relative merits of gravel or concrete as a covering; nor as to the expediency of burning it; nor as to the depth which would best promote the convenience and safety of bathers and skaters, and the purity of the water: but we are of opinion that the present condition of the bed of the Serpentine absolutely requires amendment." The report, including the proceedings of the committee and the evidence, occupies upwards of 300 pages.

THE NEWLY-APPOINTED STAFF-SURGEON TO THE GUERNSEY MILITIA.—*Militia Office, Guernsey, April 13th.* His Excellency the Lieutenant-Governor has been pleased to make the following appointment from this date:—Medical Staff: John Ozanne, Esq., M.D., to be Surgeon. By order, E. J. White, Colonel, Adjutant-General.—In reference to this appointment the *Guernsey Comet* remarks: "We understand that the whole of the medical gentlemen, eleven in number, connected with the Royal Militia of this island have tendered their resignations to his Excellency the Lieutenant-Governor, in consequence of a recent militia staff appointment. What will be the result of this wholesale resignation it would be premature at present for us to say."—The *Guernsey Star* states: "In consequence of the Militia Order of the 13th April, whereby Dr. John Ozanne was appointed surgeon on the medical staff, the whole of the medical officers of the militia have sent in their resignations. We have no information on this subject beyond that which has casually reached us in the course of the week, but we understand that the officers who have tendered their resignations consider themselves aggrieved by Dr. Ozanne, who had not previously belonged to the militia, being placed above them."

THE SUCCESSOR OF HUMBOLDT AT THE ACADEMY OF SCIENCES OF PARIS.—Professor Ehrenberg, of Berlin, has just been appointed Foreign Fellow of the Academy of Sciences of Paris, in the place of the late lamented Humboldt. M. Ehrenberg had 30 votes out of 56, and Liebig 21. The other candidates were Messrs. Airy, of Greenwich; Agassiz, of Boston; De la Rive, of Geneva; Liebig, of Munich; Martius, of Munich; Murchison, of London; Steiner, of Berlin; Struve, of Pultowa; and Wöhler, of Göttingen.

PRIZE OFFERED BY THE MEDICAL SOCIETY OF THE PARIS HOSPITALS.—A Prize of £80 will be awarded by this Society to the author of the best unpublished work on Clinical Medicine or on the Treatment of Disease. The subject is left to the choice of the candidates. The manuscript works are to be sent, before the 31st of December, 1861, to M. H. Roger, 15, Boulevard de la Madeleine, and written in French or Latin.

A TRIBUTE TO DR. TAYLOR.—The following handsome acknowledgment of the valuable services of Dr. Taylor, the late Inspector-General in charge of Chatham Hospital, now about to take charge of the great Military Sanitarium at the Cape of Good Hope, has been published in Garrison Orders, dated Chatham, April 23rd, 1860:—"Deputy Inspector-General of Hospitals Dr. Hume having arrived at this station to relieve Inspector-General of Hospitals Dr. Taylor, the former officer will accordingly take charge of the department from this date, and all business connected with the medical department of the district will be transacted through him. The Major-General cannot allow the Inspector-General to leave this command without expressing his very great regret at losing him, and his sense of the admirable manner in which he has conducted the onerous duties of the department, and the high state of perfection in which he leaves it."

TRICKS UPON MEDICAL MEN IN PARIS.—A short time ago, the author of well-known medical works was, in this country, tricked out of some copies by a swindler writing from Liverpool, who requested the copies, promising a post-office order by return, which was never sent. At Paris, the swindling proceeds as follows:—A well-known medical author receives a letter purporting to come from a student in medicine anxious to read the valuable books published by the author, but too poor to purchase them. Of course, the good-hearted man at once sends an order upon the publisher, with which the work can be obtained gratuitously. The books are fetched away by the supposed student, and converted into cash at the nearest bookstall.

THE PHARMACOPŒIAS OF SWITZERLAND.—The whole profession of Great Britain will, no doubt, hail the National Pharmacopœia which is in preparation under the direction of the Medical Council. This important work will not, however, see the light for some years to come, the three existing Pharmacopœias remaining until then in vigour. For those who might be inclined to show some impatience in this respect, we shall extract from the *Echo Médical Suisse*, of the 1st inst., the list of the Pharmacopœias of Switzerland:—Out of the twenty-two Cantons, three have distinct Pharmacopœias—Geneva (1780), Tessino (1843), and St. Gall (1844); Berne has retained the Pharmacopœia of Wirtemberg (1798); and fifteen Cantons have acknowledged that of Prussia, without specifying the date of publication; whereas the following Cantons have adopted the same Pharmacopœia with the designation of the editions—viz., Zarich and Vaud, the third; Zug, Friburg, Soleure, Schaffhausen, Grisons, Argovia, Thurgovia, Valais, and Neuchâtel, the sixth. We have, on the other hand, to announce that a Royal decree has just approved of the introduction of the new Belgian Pharmacopœia (1859), which is based on the decimal system.

PRESENTATION TO DR. G. H. B. M'LEOD.—Dr. George M'Leod, who has lectured on Surgery during the past session in Glasgow University, in the place of the late lamented Professor Laurie, was presented by his class, at the close of his valedictory address, on the 20th ult., with an excellent assortment of surgical instruments of the latest and most approved construction, enclosed in handsome and highly-finished cases, the handiwork of Mr. W. B. Hilliard. There was a very numerous audience, the class-room being completely filled by medical men, students, and others.

NEW YORK INEBRIATE ASYLUM.—At a late meeting of the board of trustees of this institution, the treasurer's report showed a balance of only 2939 dollars. The fearful need of such an institution is proclaimed in such trumpet tones by the figures and facts, that not a word may be added. Up to the present date 3132 applications have been made to enter the asylum, many of which are from the patients themselves. These applications have come from every state in the Union, and from the Canadas. Of the number who have applied for admission during the past year, nine have since committed suicide while labouring under *mania a potu*.—*Toronto Echo.*

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, APRIL 28TH.—The deaths in London in the week that ended last Saturday were 1268, showing a slight decrease on those of the previous week. There were 20 deaths from small-pox in the week. Measles, however, exhibits an increase, the deaths from it being 37. There were 33 deaths from scarlatina, and 9 from diphtheria. Phthisis, or consumption, was exceedingly fatal; the deaths from this disease were 198.

The births were—914 boys and 885 girls.

Obituary.

JOHN HOBBS, ESQ., F.R.C.S.

BY the death of this respected surgeon on the 17th ult., the science of phrenology has lost one of its most quiet and unostentatious supporters. Possessed of a select and well-chosen collection of casts of living and dead celebrities, he, with a few friends, during a period of more than three years, carefully examined the whole subject, and became convinced of its entire truthfulness to nature. The deaths of two of these surgeons at the early age of forty are noticed in Vols. 15 and 19 of the *Phrenological Journal*. His own, as he had nearly completed his fifty-fifth year, is recorded here. He became the apprentice of Mr. Sawrey, of Bloomsbury-square, completed his studies at St. Bartholomew's Hospital under Abernethy and Lawrence, became a member of the Royal College of Surgeons in 1829, and was eventually selected a fellow under its Charter in 1843. After a year's study in Paris, he settled in practice in Southampton-row, Russell-square, where he continuously resided, with a change of houses on marrying in 1839. Possessed of competence, eminently painstaking, thoughtful and reflective, quaint in speech, and retiring in manners, he practised a profession, which he loved for its own sake, with the entire confidence of the select and trusting circle in which he lived, and with the respect of his professional brethren around him. He leaves a widow and two daughters to deplore his sudden and unexpected death, which took place from syncope and effusion into the right side of the pleura.

JAMES GREGORY VOS, M.D.

THIS gentleman died at Southampton on the 28th ultimo. He had passed through a most arduous and successful career of twenty-seven years as a physician at Calcutta, where he was universally esteemed and beloved by all who knew him. About the middle of February last he was seized with dysentery, and was obliged suddenly to give up his practice about seven weeks ago in order to repair to England, as the only way left open to him to escape from the sad ravages which the disease was making upon his constitution. He arrived at Southampton, in a dreadfully debilitated and emaciated condition, on the 20th of April, and immediately placed himself under the care of Dr. Wiblin, who was in constant attendance upon him until the fatal termination of the disease.

In gentlemanly deportment, kindness of heart, and unflinching professional integrity, Dr. Vos was most exemplary.

On the 22nd ult., at Clarkshill, Stand, near Manchester, the residence of her son-in-law and grand-nephew, R. S. Sowler, Esq., Q.C., in the 80th year of her age, Ann, relict of the late George Sowler, Esq., of St. Leonard's-on-Sea, Sussex, formerly, for fifty-three years, a surgeon practising in Finsbury, London. The deceased lady (whose maiden name was Ann Jenner) was the second cousin of the celebrated Dr. Jenner, the discoverer of vaccination.

On the 28th ult., at Beulah, Torquay, Mary, the wife of C. Paget Blake, M.D., M.R.C.P. Lond., aged 30.

BOOKS, ETC., RECEIVED.

Ure's Dictionary of the Arts, Manufactures, &c.
Dr. Fuller on Rheumatism, Gout, &c.
Mr. Lewes on the Physiology of Common Life. 2 vols.
Mr. Maunder's Operative Surgery.
Mr. Kirwan on the Diseases of Troops at Sea.
Mr. Bridges on Criminals, Crimes, and their Governing Laws.
British Journal of Dental Science.
Mr. Beale on the Senses, the Brain, and the Mind.
Mr. Macnamara on the College of Physicians in Ireland.
Mr. Robbins on Sanitary Science.
Dr. Beale's Archives of Medicine.
Mr. Maclise's Surgical Anatomy.
Kölliker's Manual of Microscopic Anatomy.

MEDICAL DIARY OF THE WEEK.

MONDAY, MAY 7

ROYAL FREE HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.
ODONTOLOGICAL SOCIETY OF LONDON.—8 P.M.
EPIDEMIOLOGICAL SOCIETY. — 8 P.M. "Remarks on the Topography and Prevailing Diseases of the Gold Coast, West Coast of Africa." By Robt. Clarke, Esq., late Physician to the Africans of the Gold Coast.
MEDICAL SOCIETY OF LONDON.—8½ P.M. Clinical Discussions.

TUESDAY, MAY 8

GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION. — 3 P.M. Dr. T. Spencer Cobbold, "On Herbivorous Mammalia: the Ox, Goat, and Antelope Tribes."
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Quekett, "On the Component Parts of Animals and Vegetables."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY OF LONDON.—8½ P.M. Dr. Messer, "On the Condition of the Prostate in Old Age."—Dr. Hood, "On the Condition of the Blood in Mania."

WEDNESDAY, MAY 9

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARK'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
LONDON INSTITUTION. — 7 P.M. Dr. T. Spencer Cobbold, "On the Structure and Habits of the Mammalia."
HUNTERIAN SOCIETY.—7½ P.M. Meeting of Council. 8 P.M. Dr. Daldy, "On the Prognosis in Dilated Heart."
NORTH LONDON MEDICAL SOCIETY.—8 P.M.

THURSDAY, MAY 10

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M.
LONDON HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2½ P.M.
ROYAL INSTITUTION. — 3 P.M. Professor Austed, "On Physical Geography and Geology: Africa and Australia."
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Quekett, "On the Component Parts of Animals and Vegetables."

FRIDAY, MAY 11

WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
ROYAL INSTITUTION.—3 P.M. Dr. Thomas Mayo, F.R.S., "On the Relations of the Public to the Science and Practice of Medicine."

SATURDAY, MAY 12

ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION. — 3 P.M. Mr. F. A. Abel, "On Heat and Chemical Force."
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Quekett, "On the Component Parts of Animals and Vegetables."
SOUTH KENSINGTON MUSEUM. — 4 P.M. Dr. Lankester, "On Food: Salt."

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To Correspondents.

To ensure attention, our correspondents are requested to observe that every communication addressed to the Editor of this journal must be authenticated by the name and address of the writer. Such information is regarded as confidential, if so desired.

Mr. William Grey.—1. He cannot assume the title of "surgeon," and if he do so, he will be liable to prosecution under the provisions of the new Medical Act.—2. He must have been at least twenty-one years of age previous to August, 1815, and in actual practice at that time.

Kant.—Yes, he could do so in accordance with the rules of etiquette and custom. The legal question has not yet been decided.

Dr. J. A. Wilson.—The communication shall appear in the next LANCET.

MEDICAL ORGANIZATION IN SCOTLAND.

To the Editor of THE LANCET.

SIR,—The misconception of our medical organization in this part of the kingdom, evidenced by the letter of "A Surgeon" in your journal of April 21st, induces me to trouble you with the following:—

Medical men in Scotland study, pass examinations in, and subsequently practise indifferently, all branches of the healing art, surgery as well as medicine. Virtually there have been, until the passing of the Medical Act, two grades of members of the profession—the higher grade being the University graduates, who do not derive profit from the sale of medicines; the lower consisting of the licentiates of the Edinburgh College of Surgeons and of the Glasgow Faculty. The term "surgeon," as applied to members of the latter class, has no special reference to the practice of operative surgery, which, as a higher branch of the profession, is commonly exercised by the University graduates. The mode of practice very generally adopted by the so-called "surgeons" is that of the prescribing retail. The distinction between the two grades is analogous to that which in the south exists between the physician and the apothecary. Pure surgeons have no separate legal existence in Scotland any more than accoucheurs, dentists, or corn-cutters. The basis of professional distinctions in Scotland is not specialty of practice, but education and repute.

From the foregoing it will be obvious that the separation of so-called medicine and surgery, and the demand of a separate licence for each by the Government in the late Act, rendered necessary some modification of the licensing system previously existing in Scotland. The University degree of M.D., formerly regarded as a general qualification, is, under the Act, accepted as a licence in only one department of the healing art. The licence of the Edinburgh College of Surgeons or of the Glasgow Faculty, formerly also a *general* qualification, is, under the Act, received only as a diploma in so-called pure surgery, although, if the course of study required and the wording of the document mean anything, the licence of each body applies quite as much to pharmacy as to surgery. Scotch common sense has resisted this innovation. To meet the present legal requirements without sacrificing the old system, the Universities will supplement their degree of M.B. with the C.M., which the Medical Act has forced them to revive. By order of the Commissioners, the C.M. will be conferred *only along with the M.B.* This step, so denounced by your correspondent, is not therefore the granting of a new special diploma, which would have been foreign to Scottish usage; it is merely the restoration to the University degree of the legal value which it possessed prior to the passing of the Medical Act.

A similar adaptation of the licence of the Edinburgh College of Surgeons and of the Glasgow Faculty, to meet legal requirements, has been attempted to be effected by co-operation with the College of Physicians. But the class of practitioners known as "surgeons" are really the apothecaries of Scotland; and as the College of Physicians prohibits its licentiates from deriving profit from the practice of pharmacy, the proposed arrangement is generally seen to be unsuited to the requirements of the inferior grade of practitioners; while it will be superfluous in the case of the higher grade, who will as before obtain a full legal qualification from the Universities.

The organization of the profession will virtually continue as before the Act. The higher class of practitioners, obtaining a general qualification from the Universities, will probably enter the College of Physicians as a kind of medical guild or association. The lower grade will either obtain only the licence of the Faculty or of the College of Surgeons; or, if they are able to obtain the University degree, will enter the College of Surgeons or Faculty in the meantime, and will reserve the degree as an introduction to the College of Physicians, should circumstances at any future period permit of their dispensing with the practice of retail pharmacy.

It will thus appear that, so far from our multiplying *special diplomas*, the disposition in Scotland is to resist the introduction of the new system of special diplomas, and to adhere to the old mode of granting one general qualification, the only distinction recognised in the profession being the actual one of grade.

I remain, Sir, yours, &c.,
Glasgow, May, 1860. J. E.

A Constant Reader and M.D.—THE LANCET was in the press before the proceedings terminated. The report appears in the present number of our journal.

One who is not Affected by their Protest.—The complaint is either just or unjust. In either case, the communication sent to us is no answer to it.

EFFECTS OF CIRCUMCISION.

To the Editor of THE LANCET.

SIR,—Being present at the ceremony of circumcision on Sunday last in company with ten Jews, I inquired if they considered that the process alluded to prevented involuntary nocturnal misturition. Four of the number were of opinion that it did *not* prevent the above, as many Jews, to their own knowledge, suffer from the disagreeable infirmity. "Nay," said one, "I remember being well flogged for so doing."

Yours obediently,
London, May, 1860. G.

Mr. J. Jackson, (Cardigan.)—The obliteration of the enlarged veins in varicocele relieves the symptoms, such as pain, weakness, and sense of weight in the part. It does not lead to atrophy of the testis, nor is it probable that it causes the testicle on the affected side to increase, either in cases where that part is of its natural size, or where it is already partially atrophied.

A Medical Student.—Only for rent and assessed taxes.

THE TITLE OF "DOCTOR" AND THE L.R.C.P.S OF EDINBURGH.

To the Editor of THE LANCET.

SIR,—At intervals there have appeared communications of various kinds in the medical journals upon the subject of Medical Titles, and especially the use of the title of "doctor" has been remarked upon. As a licentiate of the Royal College of Physicians of Edinburgh, I would ask the favour of the insertion of the following in support of the use of the title of "doctor" by the licentiates of the Edinburgh College:—

1. The licence of that College gives a full right to practise as a physician.

2. It has been *customary* for the physician, whether M.D. or not, to announce himself to the public as "doctor." The objection to his doing so is of *recent* date. Licentiates of the King and Queen's College of Physicians in Ireland use the title of "doctor." It is stated that they (the Examiners of this College) have always had the power of licensing other than graduates, and such licentiates are called "doctors." It seems that all licentiates, whether M.D.s or not, omit to put that designation *after* their names.

3. The public understand by the term "doctor," one who can give superior advice in medical matters, as distinguished from surgery. May not a physician claim this ability equally with a M.D.? If so, there can be no wilful deception in using the recognised title of "doctor."

4. The title of "doctor" is recognised by the public as the customary title of one practising the higher branches of medicine; but the title of "physician" placed upon a brass plate is not usual, nor are the public to be made at once to understand it by Act of Parliament.

5. Suppose the case of a physician, who has been practising upon his licence of L.R.C.P. alone of either of the Colleges, and who has been using the customary title of "doctor," to be told that he must renounce that title, and announce himself as "physician." By doing so, the title which the public understand is taken away, and another, which they will not so readily recognise as a "regular" title, is substituted for it, and in many cases might lead them to suppose that he had not a "regular" qualification, but used the title of "physician" in this unusual manner as a deception, and thus a great injustice would be done to him. And how would the public be advantaged?

The M.D. and the physician have both been for some time *practising* in the same manner, and have both had a rightful claim to superior skill in medicine. Why not let them remain on the same footing, especially now that the course of study is so equal for both? How little these disputes will benefit the public, for whose protection the whole of this medical reform is professedly being carried out.

Yours truly,

May, 1860. L.R.C.P. Edin.

A DISTINCTION WITHOUT A DIFFERENCE.

To the Editor of THE LANCET.

SIR,—With your permission, I will perpetrate a parody on an old epigram for the benefit of your readers:—

'Tis strange such difference should be
'Twixt Doctor Jones and Jones, M.D.

Yours truly,

May, 1860. J. T. B. WOLLASTON.

Paterfamilias, (Chorley.)—1. He can only sign himself M.D.—2. It is not likely, however, that a prosecution will be instituted under such circumstances.

Mr. A. Prichard.—His arrival will be announced.

ON SPECIAL POSITION AND THE OBSTETRIC BINDER AS AIDS IN THE TREATMENT OF IMPEDED PARTURITION.

To the Editor of THE LANCET.

SIR,—I send you the following cases, thinking they may be interesting to some members of the profession:—

CASE 1.—Mrs. H——, in labour with her fourth child, summoned me to attend her on January 1st, 1860, at ten P.M. She had been in labour upwards of twenty-four hours, and the membranes had ruptured before my arrival. The pains were slight, and occurring at intervals of ten to fifteen minutes. On examination, I found the os uteri directed backwards against the promontory of the sacrum, well dilated, and not rigid; the pelvis roomy.—At one A.M., no advancement having been made, ergot was given (two drachms boiled up with four ounces of water), but no effect was produced.—Four A.M.: Everything being in the same state, I thought the application of a binder might alter the axis of the os uteri. A broad bandage was therefore applied over the fundus. Within five minutes a strong pain came on, and the child was expelled after three or four more.

CASE 2.—In a case of twins in 1858, the pains being slight, and the labour very tedious, I used the same means with beneficial results, the pains becoming strong soon after the application of the binder, and terminating the labour in less than an hour.

CASE 3.—July 3rd, 1859. MRS. E—— has had nine children, and has always been confined whilst standing. I objected to her position, and persuaded her to lie on the bed; but the pains, which had been going on regularly every three minutes, ceased entirely for upwards of half an hour, coming on again when she got on her feet. Three times she resumed the recumbent posture, and each time the pains left her. I therefore waived my scruples, allowed her to be in the position she preferred, and the labour was soon brought to a close.

I believe the binder is especially useful as an exciter of motor power in atony of the uterus, in cases where the abdomen is pendulous, and where the axis of the os uteri does not coincide with that of the pelvic brim.

Although the usual obstetric position is very convenient and suitable in most cases of natural labour, yet at times the standing or sedentary posture proves advantageous. I am of opinion that women by instinct would frequently (if permitted to do so) adopt that position most favourable for the accomplishment of the end nature has in view.

I am, Sir, yours faithfully,

Maldon, Essex, May, 1860. EDWIN P. GUTTERIDGE, M.R.C.S.E.

Centurion.—1. He should, in justice, and according to recent regulations regarding surgeons of the Army, possess both a medical and surgical qualification.—2. It has not yet been decided what the absolute qualification should be; but we apprehend that a gentleman not possessing a surgical qualification would be deemed ineligible for the appointment.

A Tyro.—Churchill's Midwifery.

Indian.—The Directors-General at each of the Indian Presidencies are appointed by selection.

Anti-Register.—The point has not been decided; but it is simply absurd not to register.

L. R. T. K.—Nothing definite is known.

THE COLLEGE OF SURGEONS AND MEDICAL PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—I think you will agree with me that it seems hard that the Council of the College of Surgeons have for some months past been admitting licentiates of the Hall of long standing to an examination for the diploma, without publicity to the fact being given. I only by chance heard of it, when I wrote off to the Secretary of the College, and received his answer to the effect, "that the examination to which I referred ceased on the 30th ultimo, and would not be resumed." The liberality of the Council towards apothecaries was, no doubt, in consequence of the new Medical Act; but I consider it ought to have been made public, as it would have given all qualified medical practitioners a chance with those who had the good fortune of having been informed in time. Although I am a registered medical practitioner, and a L.S.A. of thirty years' standing, have gone through the curriculum for the College of Surgeons, and possess a surgical certificate of hospital practice and surgical lectures, I cannot now come up for the licentiate's examination.

Yours respectfully,

Mile-end, April, 1860. AN OLD PRACTITIONER.

*** Our correspondent has, no doubt, just ground for complaint. Surely, if he were to state his case to the Council of the Royal College of Surgeons, he would at once be admitted to examination. How could they possibly exclude a gentleman of his position and acquirements after admitting Messrs. Horton and Meredith and a host of others, who possess no qualification whatever?—ED. L.

W. J.—1. The neighbourhood of Paddington.—2. Equal to any of the other schools.—3. A sufficient number to ensure a good education.—4. Equal to other institutions.—5. No.

M.D.—The death was doubtless registered without any medical certificate, which is too frequently the case.

Mr. J. F. N. shall receive a private note.

Student Medicine (Guy's) will receive an answer to his question by inquiring of either of his able surgical teachers.

AN IMPUDENT DEFENCE.

To the Editor of THE LANCET.

SIR,—As I believe that I am the only Evan Llewellyn on the Register, I trust you will permit me to state, in reference to the medical trial at the Rushall Petty Sessions (reported in your last number), that Thomas Frederick Theed's defence is a tissue of falsehoods, and that my knowledge of that person is limited to the fact, that about two years ago I was requested by him to attend a case in this neighbourhood, which had been previously under his care, and his retirement from which evinced a sound discretion, inasmuch as the patient speedily died, and of course a certificate as to the cause of death was required.

Your obedient servant,

EVAN LLEWELLYN, L.R.C.P. Edin.

Mount-place, London Hospital, May, 1860.

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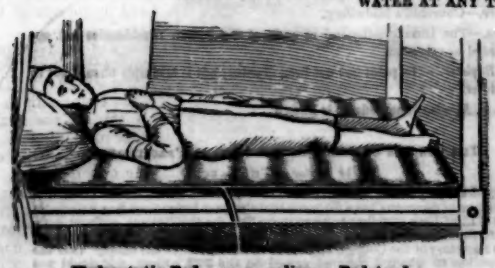
HOOPER'S HYDROSTATIC BEDS, OR MATTRESSES & CUSHIONS,

FOR PLACING ON AN ORDINARY BEDSTEAD.

WATER AT ANY TEMPERATURE MAY BE USED.



Hydrostatic Bed, or an ordinary Bedstead.

Hydrostatic Bed, for a Sofa or Couch.

FOR BED-SORES, CONSUMPTIVE CASES, DISEASED JOINTS, DROPSY, FEVERS, FRACTURES, GUN-SHOT WOUNDS, LASSITUDE, PARALYSIS, SPINAL AFFECTIONS, SLOUGHING SORES, ULCERATED CARTILAGES, AND ALL INVALIDS AND BED-RIDDEN PATIENTS.

HOOPER'S PATENT INVALID BED-LIFT.

THE OBJECT of this INVENTION is to enable the patient to be raised in any position above the Bed, so as to allow the Medical Attendant, or Nurse, to get at any part of the body that may be requisite; and also that the Bed may be re-made, the chamber utensil used, and removed with facility.

FIG. 1.

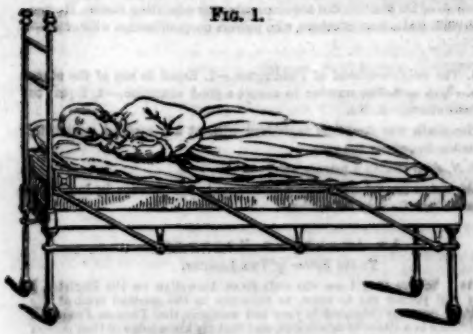


FIG. 2.

Elastic Bed-Pan.

FIG. 1 represents a patient on the Patent Lift Bedstead, the Lifting Apparatus not being in use.

FIG. 2 represents the patient raised up from the ordinary level of the Bed by means of the Lift, so as to enable the Medical Attendant, or Nurse, to perform any of the offices before-named.

HOOPER'S SPIRAL ELASTIC SUPPORTERS.

The Figures 1, 2, 3, &c., show the points at which the measures should be taken; the length should also be stated.

1
KNEE CAP AND ANKLE SOCK.

ABDOMINAL SUPPORTER AND THIGH-PIECE.

1
STOCKING BELOW THE KNEE.

Constructed of a light, porous material, unique in giving continuous and permanent pressure, can be accurately adjusted, and readily drawn over the parts requiring their use.

HORSE-SHOE SHAPED CUSHION.

Especially adapted as a Preventive to Sloughing over the Sacrum.

WATERPROOF SHEETING, FOR PROTECTING BEDDING,

At a great Reduction in price, soft and inodorous, and not acted on by Urine, Acids or Alkalies, and may be washed as Family Linen.

EXTRACT OF REPORTS from the Medical Department of the three Presidencies of the Hon. East India Company; also Reports and Letters from numerous Members of the Medical Profession, sent free by post.

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